EFFECTIVENESS OF STRUCTURE TEACHINGPROGRAMME ONKNOWLEDGE REGARDINGIDENTIFICATION OF BREAST FEEDING RELATED PROBLEMS AND ITS MANAGEMENT AMONG POSTATAL MOTHERS IN SELECTED HOSPITALS, MADURAI.

Reg.No: 301221753

A DISSERTATION SUBMITTED TO THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILLMENT OF THEREQUIREMENT FOR THE DEGREE OF

MASTER OF SCIENCE IN NURSING

MARCH 2014

CERTIFICATE

This is to certified that the dissertation entitled "**EFFECTIVENESS OFSTRUCTURED TEACHING PROGRAMMEON KNOWLEDGE REGARDING IDENTIFICATION OF BREAST FEEDING PROBLEMS AND ITS MANAGEMENT AMONG POSTNATAL MOTHERS IN SELECTED HOSPITAL AT MADURAI"**is submitted to the faculty of Nursing, **The Tamilnadu Dr. M.G.R Medical University,** Chennai by **Miss.S.Sherlin** in partial fulfillment of the requirement for the degree ofMaster of Science in Nursing. It is the bonafide work done by her and the conclusions are herown. It is further certified that this dissertation or any part thereof has not formed the basis for award of any degree, diploma or any titles.

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EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMMEON KNOWLEDGE REGARDING IDENTIFICATION OF BREAST FEEDING PROBLEMS AND ITS MANAGEMENT AMONG POSTNATAL MOTHERS IN SELECTED HOSPITALS, MADURAI.

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A DISSERTATION SUBMITTED TO THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILMENT OF THEREQUIREMENT FOR THE DEGREE OFMASTER OF SCIENCE IN NURSING

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"Give thanks to the lord, for his mercy endureth forever."

-Psalms 118:29

Feeling gratitude and not expressing it is like wrapping a present and not giving it. To speak gratitude is courteous and pleasant, to enact gratitude is generous and noble, but to live gratitude is to touch heaven.

I thank you, Lord, for your wonderful blessings on my way;

I will be grateful and praise you every day."

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Finally I dedicate this study to **my beloved sister Ms.S.ReenaB.Sc(N).,**For his encouragement, joy, hope and love instilled in me that made this work a reality.

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ABSTRACT

The study on **"EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMMEON KNOWLEDGE REGARDING IDENTIFICATION OF BREAST FEEDING PROBLEMS AND ITS MANAGEMENT AMONG POSTNATAL MOTHERS IN SELECTED HOSPITAL AT MADUAI"** was undertaken by Reg.no.301221753 during the year 2012-2014 in partial fulfillment for the degree of Master of science in Nursing at RASS Academy College of Nursing, Poovanthi which is affiliated to the Tamilnadu Dr.M.G.R.Medical University, Chennai.

Objectives

1. To assess the pre- test knowledge score regarding breast feeding related problems and it's management among postnatal mothers.
2. To assess the effectiveness of structured teaching programme on knowledge of postnatal mothers of breast feeding related problems and its and management.
3. To find the association between pre-test knowledge score regarding breast feeding related problems and its management with their selected demographic variables.

Conceptual framework

The study was based on J.N.Kenny's open system model.

Design

The design used was the pre experimental-one group pre-test and post-testdesign

Settings

The study was conducted in Booma Hospital at Madurai.

Methods

Using purposive sampling technique 60 post-natal mothers were taken and structuredteaching on knowledge regarding breast feeding related problems and its management was given.

Results

The results shown there was a significant difference in knowledge on breast-feeding related problems and its management before and after structured teaching among post-natal mothers.

Conclusion

The structured teaching programme was effective ($p<0.05$) to improve knowledge of post-natal mothers regarding breast feeding related problems and its management. Education, religion, type of family, monthly income, type of delivery there was level of significant.

CHAPTER-I

INTRODUCTION

"Breastfeeding is a mother's gift,

to herself, her baby and earth".

-Pamela K. Wiggins

BACKGROUND OF THE STUDY

Breast milk is widely acknowledged as the most complete from of nutrition for infants with a range of benefits for infants health, growth, immunity and development. Breast milk is a unique nutritional source that cannot adequately be replaced by any other food, including infant formula. Although pollutants can accumulate in breast milk, it remains superior to infant formula from the perspective of the overall health of both mother and child. (Healthy People 2010)

Dutta.DC., (2004) Was publishers the rate of growth of the infants during the first 6 months of life is greater and then any other period of life. Its weight is doubled by the age of 5 months and tripled by the end of one year. Keeping this in mind, the baby should be nursed adequate which allows easy digestion and absorption.

Dutta.DC.,(2004) Was publishers advantages of breast-feeding is ideal composition for easy digestion with low osmatic load. Fat is digested better when emulsified and the globules are smaller. Protein, rich in lactalbumin and lactoglobulin but less casein, is easily digestible. Carbohydrate contains principally lactose which stimulates the growth of micro-organisms; helps to produce organic acids necessary for synthesis of vitamin B. The mineral contents like potassium, calcium, sodium and chloride are such as to make it a low osmotic load so that less burden falls on the functionally immature kidneys.

Protection againstinfection and deficiency states. It contains vitamin D which protects the baby against rickets. It contains-Lactoferrin, lysozyme, lactoperoxidase, complements and leuckocytes hat hinder the growth of E.coli and thereby prevents gastroenteritis. Its lysozyme content protects against infection and interferon is an antiviral substance. Long chain W-3 fatty acids that is important for neurological development of the baby. It confers passive immunity to the baby as the milk contains protective antibodies. Secretory antibody IgA, exerts it protective action by preventing contact to epithelial cell surfaces, thus preventing gastrointestinal infections. Dutta.DC.,(2004)

Additional advantages are; It has laxative action. No danger of allergy. Psychologic benefit by establishing healthy mother-child relationship. Chance of conception is less during lactation period. Helps involution of the uterus.Lessens the incidence of sore buttocks, gastro-intestinal infection and atopic eczema. The incidence of scurvy and rickets is significantly reduced. Dutta.DC.,(2004)

Dutta.DC., (2004) Was publishers difficulties in breast feeding and the management; At times, breast feeding poses some problems and if it is not promptly detected and rectified, it may lead to adverse consequences. The causes may be classified as those: Due to mother, Due to infant. Due to mother: Reluctance or dislike to breast feeding careful listening and intelligent counselling can solve the problem. Infant's attachments to breast when poor, it leads to quick shallow sucks instead of slow and deep. Areola remains outside the lips. This causes nipple pain. Skilled support from health can provider can improve the technique of breast feeding. Prelacteal feeds inhibit lactation process and should be avoided. Anxiety and stress, previous history of failed lactation or elderly primipara-the mother fails during feeding a delay.

Milk secretion is inadequate unrestricted feeding, well positioned infant, practical and emotional support to mother all are important. Dopamine antagonist (metoclopramide) may be useful. Breast aliments such as engorgement of breast, cracked nipple, depressed nipple and mastitis needs treatment. Due to infant; Low birth weight baby- the baby is too small or feeble to suck. Temporary illness such as respiratory tract infection, nasal obstruction due to congestion, lethargy due to jaundice and oral thrush. All these conditions lead to imperfect sucking and is managed appropriately. Over- distension of the stomach with swallowed air-The problem can be overcome by breaking the wind of the baby several times during feeding. Congenital malformation such as cleft palate needs surgical correction. Dutta. DC., (2004) Feeding difficulties due to nipple abnormalities: Long nipples may cause poor feeding due to improper latch on to the nipple without the areola. Mother is to help the baby to draw the areola also. Short nipples usually cause no problem. Mother is reassured. Inverted and flat nipples attachment to the breasts is possible and babies are able to feed adequately. In difficult cases, lactation is initiated by expression. Baby is then attached to breast as breast tissue become soft and protractile gradually. Dutta.DC.,(2004)

Sharmapoonam,. (2013)Was statedto become pregnant is a proud and emotional experience in woman's life. A common term used to describe the pregnancy and child birth is "Miraculous". Childbirth is characterized by three significant periods namely, pregnancy, labour and puerperium also called as antenatal, intra-natal, postnatal period. The postnatal period begins from birth and end when the baby is six weeks of age. Woman's undergoes a lot baby of physical changes in after the birth of the baby. One of them is changes in the breast. The breasts undergo changes soon after the birth. Breastfeeding hormone levels; this causes an increase in blood supply to the breasts which is necessary for milk production. The breast milk production starts in a big way by about day three or four.

Wikepedia,.(2013)Breastfeeding is the feeding of an infant or young child with breast milk directly from female human breasts (i.e., via lactation) rather than using infant formula. Babies have a sucking reflex that enables them to suck and swallow milk. Experts recommend that children be breastfed within one hour of birth, exclusively breastfed for the first six months, and then breastfed until age two with age-appropriate, nutritionally adequate and safe complementary foods. The American Academy of Paediatrics recommends for the U.S. that after 6 months of exclusive breastfeeding, babies should continue to breastfeed "for a year and for as long as is mutually desired by the mother and baby.

WHO (2013)This year's World Breastfeeding Week (WBW) theme, 'BREASTFEEDING SUPPORT: CLOSE TO MOTHERS' highlights Breastfeeding Peer Counselling. Even when mothers are able to get off to a good start, all too often in the weeks or months after delivery there is a sharp decline in breastfeeding rates, and practices, particularly exclusive breastfeeding. The period when mothers do not visit a healthcare facility is the time when a community support system for mothers is essential. Continued support to sustain breastfeeding can be provided in a variety of ways. Traditionally, support is provided by the family. As for society change, however, in particular with urbanization, support for mothers from a wider circle is needed, whether it is provided by trained health workers, lactation consultants, community leaders, friend's mothers, and/or from father/partner.

Subin, MJ.et.al,.(2013) Were conclude breast milk is the natural food for babies. Good nutrition forms the basis for good health of a child. Breast feeding is an unequalled way of providing ideal food for the healthy growth and development of infants. An adequate supply of human breast milk provides all the nutrients the infants needs for the first six months life. Early initiation of breast feeding in the first hour after birth and exclusive breastfeeding for the first six months after birth can prevent most neonatal and infant deaths in India.

Meier P, et.al,.(2013)Was concluded among infants born moderately and late preterm or early term, the greatest challenge for breastfeeding management is the late preterm infant (LPI) who is cared for with the mother in the maternity setting. Breastfeeding failure among LPIs and their mothers is high. Evidence-based strategies are needed to protect infant hydration and growth, and the maternal milk supply, until complete feeding at breast can be established. This article reviews the evidence for lactation and breastfeeding risks in LPIs and their mothers, and describes strategies for managing these immaturity-related feeding problems. Application to moderately and early preterm infants is made throughout.

United States,.(2013) The per cent of US infants who begin breastfeeding is high at 77%. While there is concern that infant are not breastfed for as long as recommended, the National Immunization Survey data show continued progress has been made over the last ten years. of infants born in 2010, 49% were breastfeeding at 6 months, up from 35% in 2000.

Newman, J,.(2012)Was concluded breastfeeding is a natural physiologic process upon which human survival has depended for uncounted generations. Natural selection over millions of years has ensured that breast milk contains all the nutritional requirements of the new born period and beyond. In order to prevent problems for the few, modern management of labour, delivery and the postpartum period has subjected most mothers and infants to routines which are contrary to the physiologic principles underlying successful breastfeeding.

Bear, K. et.al,. (2012) Were stated clinicians can promote a successful breastfeeding experience by providing support, anticipatory guidance and practical information. This article presents the components of early follow-up and guidelines for assessment. Management strategies for common problems are discussed, such as nipple soreness, cracked nipples, plugged ducts and mastitis, insufficient infant weight gain, perceived inadequacy of milk supply, breast-milk jaundice, sexual adjustment and failure at breastfeeding. Breastfeeding guidelines for employed mothers and adoptive mothers are indicated.

Ystrom, E,. (2012)Was stated neonatal anxiety and depression and breastfeeding cessation are significant public health problems. There is an association between maternal symptoms of anxiety and depression and early breastfeeding cessation. In earlier studies, the causality of this association was interpreted both ways; symptoms of anxiety and depression pre partum significantly impacts breastfeeding, and breastfeeding cessation significantly impacts symptoms of anxiety and depression. First, we aimed to investigate whether breastfeeding cessation is related to an increase in symptoms of anxiety and depression from pregnancy to six months postpartum. Second, we also investigated whether the proposed symptom increase after breastfeeding cessation was disproportionately high for those women already suffering from high levels of anxiety and depression during pregnancy.

K.Park .,(2011) Was publishers postnatal care offers an excellent opportunity to find out how the mother is getting along with her baby, particularly with regard to feeding. For many children, breast milk provides the main source of nourishment in the first year of life. In some societies, lactation continues to make an important contribution to the child's nutrition for 18 months or longer. In the world's more affluent societies, breastfeeding appears to have become a lost art and the feeding bottle has usurped the breast. When the standard of environmental sanitation is poor and education low, the content of the feeding bottle is likely to be as nutritionally poor as it is bacteriologically dangerous. It is therefore very important to advise the mothers to avoid the feeding bottle.

Chiu, JY,.et.al ,.(2010)Was stated breast engorgement is a common problem that affects the initiation and duration of breastfeeding. Limited solutions are available to relieve the discomfort associated with breast engorgement. Thus, further investigation of methods to achieve effective relief of symptoms is critical to promote breastfeeding success. Our findings empirical evidence supporting that Gua-Sha therapy may be used as an effective technique in the management of breast engorgement. But using Gua-Sha therapy, nurses can handle breast engorgement problems more effectively in primary care and hence help patients both physically and psychologically.

Gupte,S,.(2009) Was stated breast feeding is remarkably adopted to the requirements of the infant and provides the best start in life. Exclusive breast feeding therefore deserves encouragement at least for first six months and preferably for up to 2 years. When it is felt that the mother may not be able to supply enough of proteins from outside, she should be allowed to continue to breast feed her baby even longer. According to a WHO / UNICEF document, at least one million deaths per year from diarrhoea and infections are absolutely preventable through breast feeding.

Ruba, A,.(2009)Was stated lactation is the process of milk production. Human milk is secreted by mammary glands, which are located within the fatty tissue of the breast. The hormone oxytocin is produced in response to the birth of a new baby, and both process stimulates uterine contractions and begins the lactation. Breast milk is a highly specialized, complex fluid uniquely suited to the needs and metabolic activity of a growing infant.

Qiu,L,. et al.,(2008) Was concluded the promotion and support of breastfeeding is a global priority and an important child-survival intervention and the World Health Organization advocates exclusive breastfeeding for six months. However, in reality many mothers are unable to practice exclusive breastfeeding as advocated. Lack of confidence in mothers' ability to breastfeed, problems with the infant latching or suckling, breast pain or soreness, perceptions of insufficient milk supply, and a lack of individualized encouragement from their clinicians in the early post discharge period are some of the common reasons for discontinuing early breastfeeding. Some of these problems can be overcome if the woman is informed antenatally about the benefits of breastfeeding and prepared mentally for exclusive breastfeeding.

Spencer, JP,. (2008) Was found Mastitis occurs in approximately 10% of U.S. mothers who are breastfeeding, and it can lead to the cessation of breastfeeding. The risk of mastitis can be reduced by frequent, complete emptying of the breast and by optimizing breastfeeding technique. Sore nipples can precipitate mastitis. The differential diagnosis of sore nipples includes mechanical irritation from a poor latch or infant mouth anomalies, such as cleft palate or bacterial or yeast infection. The diagnosis of mastitis is usually clinical, with patients presenting with focal tenderness in one breast accompanied by fever and malaise. Treatment includes changing breastfeeding technique, often with the assistance of a lactation consultant. When antibiotics are needed, those effective against Staphylococcus aureus (e.g., dicloxacillin, cephalexin) are preferred. As methicillin-resistant S. aureus becomes more common, it is likely to be a more common cause of mastitis, and antibiotics that are effective against this organism may become preferred. Continued breastfeeding should be encouraged in the presence of mastitis and generally does not pose a risk to the infant. Breast abscess is the most common complication of mastitis. It can be prevented by early treatment of mastitis and continued breastfeeding. Once an abscess occurs, surgical drainage or needle aspiration is needed. Breastfeeding can usually continue in the presence of a treated abscess.

Chertok, R.I.et.al,.(2007)Were concluded breastfeeding is endorsed by major health organizations as the optimal form of infant nutrition. When infants do not receive breast milk, there are increased health risks for both mother and infant. For women who do not breastfeed, there are increased risks such as an increased risk of breast cancer. Infants who do not receive breast milk have an increased incidence of many acute and chronic conditions. To quote the recent policy statement of the American Academy of Paediatrics, "Human milk is species-specific, and all substitute feeding preparations differ markedly from it, making human milk uniquely superior for infant feeding”. Exclusive breastfeeding is the ideal infant nutrition; it is sufficient to support optimal growth and development for approximately the first six months of life.

Van Veldhuizen-Staas,.et.al,.(2007) Were stated Breastfeeding is the method of first choice for feeding any infant. Both the World Health Organization (WHO) and many leading organizations of paediatricians, as well as many governments advise that children be exclusively breastfed for a half year from birth and continue to be breastfed in combination with suitable foods for an extended time after that . Breast milk production is an inborn capability in women, with only rare exceptions due to anatomical or physiological pathology. Even in these rare cases, partial breast milk production may sometimes be possible.

Fitzgerald Health Education Associates, Inc,.(2007) The initial Healthy People 2010 breastfeeding goals were established in 2000 targeting the following categories: 75% initiation, 50% at 6 months, and 25% at 12 months. These goals were based on the only data available at the time: Ross Laboratories Mothers Survey. In 2001, the CDC added breastfeeding questions to the annual National Immunization Survey to collect nationally represented data. Now this Survey is used in place of the Ross Survey to monitor progress toward Healthy People 2010. In 2006, the objectives were expanded to include two new goals related to breastfeeding exclusively. The new targets were as follows: 60% of mother's breastfeeding exclusively at 3 months and 25% at 6 months. Since that time the NIS data revealed an overestimation on the exclusive breastfeeding rates. Healthy People 2010 responded to this data by revising the targets once again related to exclusive breastfeeding.

Ruba.A (2006) Was told benefits of Breastfeeding for baby breast milk provides the ideal nutrition for infants. It has the perfect mix of vitamins, protein, and fat everything your infant needs to grow. And it's all provided in a form more easily digested than infant formula. Breast milk contains antibodies that help your baby fight off viruses and bacteria. Breastfeeding reduces your baby's risk of having asthma or allergies. Babies who are breastfed exclusively for the first six months, without any formula, have fewer ear infections, respiratory illnesses, and bouts of diarrhoea. They also have fewer hospitalizations and trips to the doctor.

Taveras, EM,. et.al (2003) Were insited Breastfeeding rates fall short of goals set in Healthy People 2010 and other national recommendations. The current, national breastfeeding continuation rate of 29% at 6 months lags behind the Healthy People 2010 goal of 50%. The objective of this study was to evaluate associations between breastfeeding discontinuation at 2 and 12 weeks postpartum and clinician support, maternal physical and mental health status, workplace issues, and other factors amenable to intervention.

B Wight NE,. (2001) Were conclude breastfeeding provides ideal nutrition, growth hormones, and antibodies that change over time as growing infants' and children's needs change and provides these inexpensively, with no harm to the environment. Breastfed infants are healthier than other infants overall, and research indicates that the health benefits may continue on into adulthood. Increasingly, women are choosing to initiate breastfeeding in the hospital, but the attrition starts early and is dramatic. For women to meet their breastfeeding goals, physicians must not only give lip service to "breast is best" but also become knowledgeable in breastfeeding management and actively promote breastfeeding in their practices and in their communities.

Milligan, RA,.et.al ,.(2000)Were stated breastfeeding has been identified as a possible deterrent to the development of osteoporosis and breast cancer in women. In addition, infants who are breastfed exclusively for at least 4 months reportedly have fewer incidences of SIDS, ear infection, diarrhoea, and allergies. Further, low income women who breastfeed may be empowered by the experience. Increasing the frequency and duration of breastfeeding is recognized as a national priority, particularly for low income, minority women. Yet, recent national data indicate that in 1997, only 16.5% of low income mothers breastfed for at least 6 months. Short breastfeeding duration in low income women may be due to problems unique to them; thus, consistent and comprehensive breastfeeding support should be provided by midwives, nurses, lactation consultants, and peer counsellors who are skilled in culturally sensitive management of lactation within the context of limited financial and social resources. This article focuses on the benefits of breastfeeding, and factors that may influence its duration. It also explores culturally relevant strategies as well as suggested interventions to increase breastfeeding duration among low-income women.

Black, KA,.(2000)Was stated the mother of a high risk infant is confronted with numerous parenting challenges, not the least of which is the decision about how to nourish her vulnerable new born. Successful breastfeeding depends on overcoming obstacles posed by infant condition, maternal health, and the neonatal intensive care environment. These obstacles include maternal separation from the nursing infant during hospitalization, delayed initiation of the expression of breast milk due to maternal illness and/or surgery, the inability to suckle her infant or feed on demand, and the lack of sufficient maternal follow-up after discharge. This article reviews the benefits of providing breast milk to high risk infants, problems that may be encountered by mothers of high risk infants, and the interventions that may be used by the midwife to facilitate the breastfeeding process.

NEED FOR THE STUDY

Preidt Robert,. (2013) Were concluded Low breast-feeding rates may be linked to as many as 5,000 cases of breast cancer, nearly 54,000 cases of high blood pressure and almost 14,000 heart attacks among American women each year. But some experts question the study's methodology and maintain that more research is needed before drawing conclusions about lags in breast-feeding and women's health. The researchers, who used a simulated model to arrive at their conclusions, said the costs of premature death caused by illnesses related to low breast-feeding rates are $17.4 billion a year. The study, published online June 6 in the journal Obstetrics & Gynaecology, defines premature death as death before age 70, or more than 10 years before the average U.S. woman is expected to die. Only about 25% of U.S. women follow medical recommendations to breast-feed each child for at least one year, the researchers said. This low rate also is associated with $734 million more in direct medical costs for women and $126 million more in indirect costs each year, they said.

Dr.SamOddie,. (2013)Was told Only 62 cases from May 2009 to June 2010, a prevalence of seven in every 100,000 live births. Disease in Childhood and seen exclusively by the Guardian, they write that all the babies were admitted to hospital, mostly because of weight loss, and some were intravenously fed. However, all were discharged within two days to two weeks having gained weight and none had long-term damage. The evidence should reassure parents – but the researchers stressed it should also encourage them to seek help when struggling to establish breastfeeding. There are also milder cases of problems where babies are not feeding properly. In England, only 20% of hospital maternity units (accounting for nearly 22% of births) are BFI-accredited by UNICEF, compared with 70% in Scotland, 60% in Northern Ireland and 40% in Wales. But problems can anyway arise once the baby goes home, because visits from midwives and then health visitors are not as common as they were.

United State.(2013) Were stated national progress has been made in keeping mothers and babies together throughout the hospital and birth centre stay: from 2007 to 2011 the percent of facilities with at least 90% of infants receiving skin-to-skin contact after vaginal birth increased from 40.8% to 54.4%, and the percent of facilities with at least 90% of mothers and babies staying together in the same room throughout the stay increased from 30.8% to 37.1%. In 2011, states in the West had a majority of facilities with most infants rooming-in, while many states in the Midwest and south had less than one-quarter of facilities reporting most infants were rooming-in with their mothers.

Kvist,L.J,. (2013)Was stated the reported incidence of lactational mastitis varies greatly; the single highest reported incidence in the scientific literature is 33%. The purpose of this study was to collect data regarding incidence and experiences of lactational mastitis from women attending a meeting of lactation specialists and to compare findings in a similar population reported in 1990 by Riordan and Nichols.

Qi, Y,. et.al.,(2013)Was observed about 62% and 15% of mothers reported pump-related problems and injuries, respectively. The most commonly reported problem was that the pump did not extract enough milk and the most commonly reported injury was sore nipples. Using a battery-operated pump and intending to breastfeed less than 12 months were associated with higher risks of pump-related problems and injury. Learning from a friend to use the pump was associated with lower risk of pump-related problems, and using a manual pump and renting a pump were associated with a higher risk of problems.

Edmunds, J.et.al,. (2011) Was told In Australia, initial exclusive breastfeeding rates are 80%, reducing to 14% at 6 months. One factor that contributes to early breastfeeding cessation is infant tongue-tie, a congenital abnormality occurring in 2.8-10.7% of infants, in which a thickened, tightened or shortened frenulum is present. Tongue-tie is linked to breastfeeding difficulties, speech and dental problems. It may prevent the baby from taking enough breast tissue into its mouth to form a teat and the mother may experience painful, bleeding nipples and frequent feeding with poor infant weight gain; these problems may contribute to early breastfeeding cessation.

Edmunds, J,. et.al.,(2011)Was told in Australia, initial exclusive breastfeeding rates are 80%, reducing to 14% at 6 months. One factor that contributes to early breastfeeding cessation is infant tongue-tie, a congenital abnormality occurring in 2.8-10.7% of infants, in which a thickened, tightened or shortened frenulum is present. Tongue-tie is linked to breastfeeding difficulties, speech and dental problems. It may prevent the baby from taking enough breast tissue into its mouth to form a teat and the mother may experience painful, bleeding nipples and frequent feeding with poor infant weight gain; these problems may contribute to early breastfeeding cessation.

Xu, F. Qiu, L. et.al,. (2009) Was observed Breastfeeding rates in China fell during the 1970s when the use of breast milk substitutes became widespread, and reached the lowest point in the 1980s. As a result many efforts were introduced to promote breastfeeding. The breastfeeding rate in China started to increase in the 1990s, and since the mid-1990s 'any breastfeeding' rates in the majority of cities and provinces, including minority areas, have been above 80% at four months. But most cities and provinces did not reach the national target of 'exclusive breastfeeding' of 80%.

Xu,F. Qiu,L. et.al,.(2009) Was told the target set in the National Program of Action for Child Development in China in the 1990s was breastfeeding of 80% by 2000 (province based) and promoting 'exclusive breastfeeding' to four or six months. The target was explained in many academic papers as 'exclusive breastfeeding' rate at four months of 80% by 2000 [6-8]. A new target set in the National Program of Action for Child Development in China in from 2001 to 2010 is a breastfeeding rate of 85% (province or municipality based) and timely introduction of complementary food. However the type of breastfeeding is not specifically defined and the timeframe is not mentioned in the document.

Dhandapany, G,. et.al (2008)was conducted in 1980, supported by the World Health Organization (WHO) which included a total of 3845 mothers recruited from the city and suburbs. The data from this study showed the 'any breastfeeding' rate had declined to 24.8% in the city and 77.0% in the suburbs for 0–6 month old babies. This study was technically supported by WHO and used the period prevalence method of recording breastfeeding rates recommended by WHO [3]. In the following years further surveys revealed similar trends in other regions of the country. In 1983 a national cross-sectional survey of 111,348 infants aged 0–6 months found that the 'any breastfeeding' rate was 49.3% in the city and 75.1% in rural areas. The decline in breastfeeding rates was a challenge for China as she sought to achieve the goals set at the International Child Survival Conference in 1990 which were endorsed by the Chinese Premier.

Melli,M.S,.et.al (2007) Was saysSore nipples are a common complaint among breastfeeding women and one reason why some women decide to stop breastfeeding. The incidence ranges from 11 to 96%. Preparation for breastfeeding happens naturally in pregnancy, and the presence of 'epidermal growth factor' in breast milk has potential therapeutic benefits by promoting the growth and repair of skin cells.

Abbott Laboratories,. (2001) Healthy People 2010 goals state that 75% of women will breastfeed at birth, 50% will continue for 6 months, and 25% will breastfeed for 1 year (Department of Health and Human Service 2000). Although the United States has seen a gradual resurgence in breastfeeding initiation and continuance rates, the goals of Healthy People 2010 have yet to be attained. After a low of 26.5% in 1970, breastfeeding initiation rates climbed to 58% in 1985, only to decline gradually to 51.5% in 1990. Since then, breastfeeding rates have steadily increased to 68.4% in 2000. Likewise, the number of infants still breastfeeding at 6 months has increased from 14.1% in 1970 to 31.4% in 2000. By age 1 year, only 17.6% of infants are still breastfed.

Lowdermilk, P,. (2004)Breastfeeding rates have increased across all demographic groups, although the most significant increases are seen among women who have historically been less likely to breastfeed. These individuals are typically young (younger than 25 years), lower income ,African-American, primiparas, with grade school education or less, employed full time outside the home, residing in the South Atlantic region of the United States, mothers of low-birth-weight infants, and enrolled in the WIC program (Ryan, 1997) . The characteristics of women most likely to breastfeed have remained consistent over the years. These women are white, older than 30 years, college educated, with higher incomes, not employed outside the home or working only part-time, residents of western states, and not participating in the WIC program.

Pamela D.Hill,.(2004)Was observed the feeding behaviour and problems of mothers of low birth weight (LBW) infants following hospital discharge has not been well documented. The purpose of this paper is to report the feeding patterns of LBW infants and their mother's reasons for a decline in breastfeeding. A convenience sample of 110 mothers and infants from eight Midwestern hospitals was surveyed. Eight weeks after delivery 28% of the mothers were providing a combination of mother's milk and artificial milk, and 43% had weaned their infants. An inductive analysis of the reasons for a decline in breastfeeding given by the mothers yielded two primary maternal concerns; milk production and transfer of milk to the infants. Lactation management strategies that meet the special needs of these mothers and infants should be during hospitalization and after hospital discharge.

Taveras, E.M,.(2003) Was says breastfeeding rates fall short of goals set in Healthy People 2010 and other national recommendations. The current, national breastfeeding continuation rate of 29% at 6 months lags behind the Healthy People 2010 goal of 50%. The objective of this study was to evaluate associations between breastfeeding discontinuation at 2 and 12 weeks postpartum and clinician support, maternal physical and mental health status, workplace issues, and other factors amenable to intervention.

According to Madonna,Fasimpaur,.(1995) while some women experience no problem with nursing, others find it difficult to get their babies to get their babies to latch on properly. Without milk flowing from mother to baby, problems arise, such as engorged breasts, where the breasts are full as the breasts increases milk production.

According to Roiser,.(1988&1998)Was stated many women who have tried cabbage leaves claim the treatment to bring relief from engorgement and improve milk flow. The study was carried out to explore the effectiveness of cabbage leaves application to relieve breast engorgement with a need to promote the well begin of the post-partum period. Considering advantage of easy availability, cost effective, it is easy to apply without pain and side effects.

So the researcher to do further research on the effectiveness of structured teaching programme on knowledge regarding identification of breast feeding problems and its managements among postnatal mothers admitted in hospital at Madurai.

STATEMENT OF THE PROBLEM

Effectiveness of structured teaching programme on knowledge regarding identification of breast feeding problems and its managements among postnatal mothers in selected hospital at Madurai.

OBJECTIVES OF THE STUDY

- To assess the pre- test knowledge score regarding breast feeding related problems and it's management among postnatal mothers.
- To assess the effectiveness of structured teaching programme on knowledge of postnatal mothers of breast feeding related problems and its and management among postnatal mothers
- To find the association between pre-test knowledge score regarding breast feeding related problems and its management with their selected demographic variables.

OPERATIONAL DEFINITIONS

Effectiveness:

In this study the effectiveness refers to the extent to which structured teaching programme will achieve the desired effect in imparting knowledge regarding feeding related problems and management in terms of differences between pre-test and post-test score assessed by structured knowledge questionnaire.

Structured teaching programme:

In this study structured teaching programme refers to a planned teaching materials developed to improve the knowledge regarding breast feeding related problems and its management among postnatal mothers.

Knowledge:

In this study knowledge refers to the information regarding breast feeding related problems and its management among postnatal mothers as measured by structured knowledge questionnaire.

Breast feeding related problems and its managements:

In this study it refers to the difficulty and inability in breast feeding as expressed by mothers or observed by the investigator which may include flat and inverted nipple, sore and cracked nipple, breast engorgement, blocked ducts, mastitis and breast abscess, leakage and not having enough milk.

Postnatal mothers:

In this study postnatal mother refers to who have undergone delivery process and are admitted in selected hospital at Madurai.

HYPOTHESES

H1-Knowledge of the postnatal mothers regarding the breast feeding related problems and its management will be a significantly improved after structured teaching programme.

H2- There is a significant association of the postnatal mother's knowledge with selected demographic variables.

ASSUMPTIONS

The study assumes that:

- Structured teaching programme provides opportunity for learning and better understanding about breast feeding problems and management.
- Structured teaching programme is an effective method for improving the knowledge level of mothers.
- Postnatal mothers may have inadequate knowledge regarding breast feeding problems and management.

LIMITATIONS

The study is limited to

- Postnatal mothers in selected hospital at Madurai.
- Sample size was small and hence generalisation of findings is limited.
- Postnatal mothers who are in 1-3 days of postnatal.

CONCEPTUAL FRAME WORK:

The study was based on J.N.Kenny's open system model, 1990. A system consist of a set of interacting components within a boundary those fitters the type and rate of exchange with the environment. All living system is open. In that there is a continuous exchange of matter, energy and information. In open system, there are varying degrees of interaction with the environment, from which the system receives input and output in the form of matter, energy and information.

According to system theory, for survival all systems must receive certain amount of matter, energy and information from environment. The systems regulate the types and amount of input received through the process of selection. To maintain the system equilibrium or homeostasis, the system uses input through self-regulation. Through system matter, energy and information are continuously maintains itself and environment to guide its operation. Feedback may be positive, negative or neutral. IN this present study these concepts are explained as below.

INPUT:

Based on J.W.Kenny's open system model, input can be a matter, energy and information that enter in to the system from the environment through its boundaries.

In this study input consist of demographic data of post-natal mothers such as age, education, occupation, religion, type of family, monthly income of the family, and assessing existing knowledge on breast feeding related problems and its management among post-natal mothers.

THROUGHPUT:

Through put is the operation phase or manipulation and activity phase. It is the process that allows the input to be changed. So that it is useful to the system.

In this study throughput is the construction of structured teaching programme on breast feeding related problems and its management.

OUTPUT:

Output is any information that leaves the system and enters the environment through system boundaries. It refers to the ultimate results, which are expected following programme implementation.

In this study output refers to the knowledge gained by post-natal mothers on breast feeding related problems and its management. It will also see whether the knowledge of post-natal mothers on breast feeding related problems and its management is varying with demographic variables. After processing the input, the system return output to the environment, in the form of change in behaviour. If there is adequate knowledge, it helps to mother develop improved coping strategies and reduce the fear in breast feeding related problems and its management. Inadequate knowledge leads to poor coping strategies in breast feeding related problems and its management among post-natal mothers.

FEEDBACK:

Feedback is the result of throughput, it allows the systems to maintain its interval function, it is the process whereby the input of the system is rectified as part of the input of the same system.

In this study feedback is the improved responses. As following the structured teaching the mothers are expected to have adequate knowledge. If the mothers have inadequate knowledge which serves as an input.

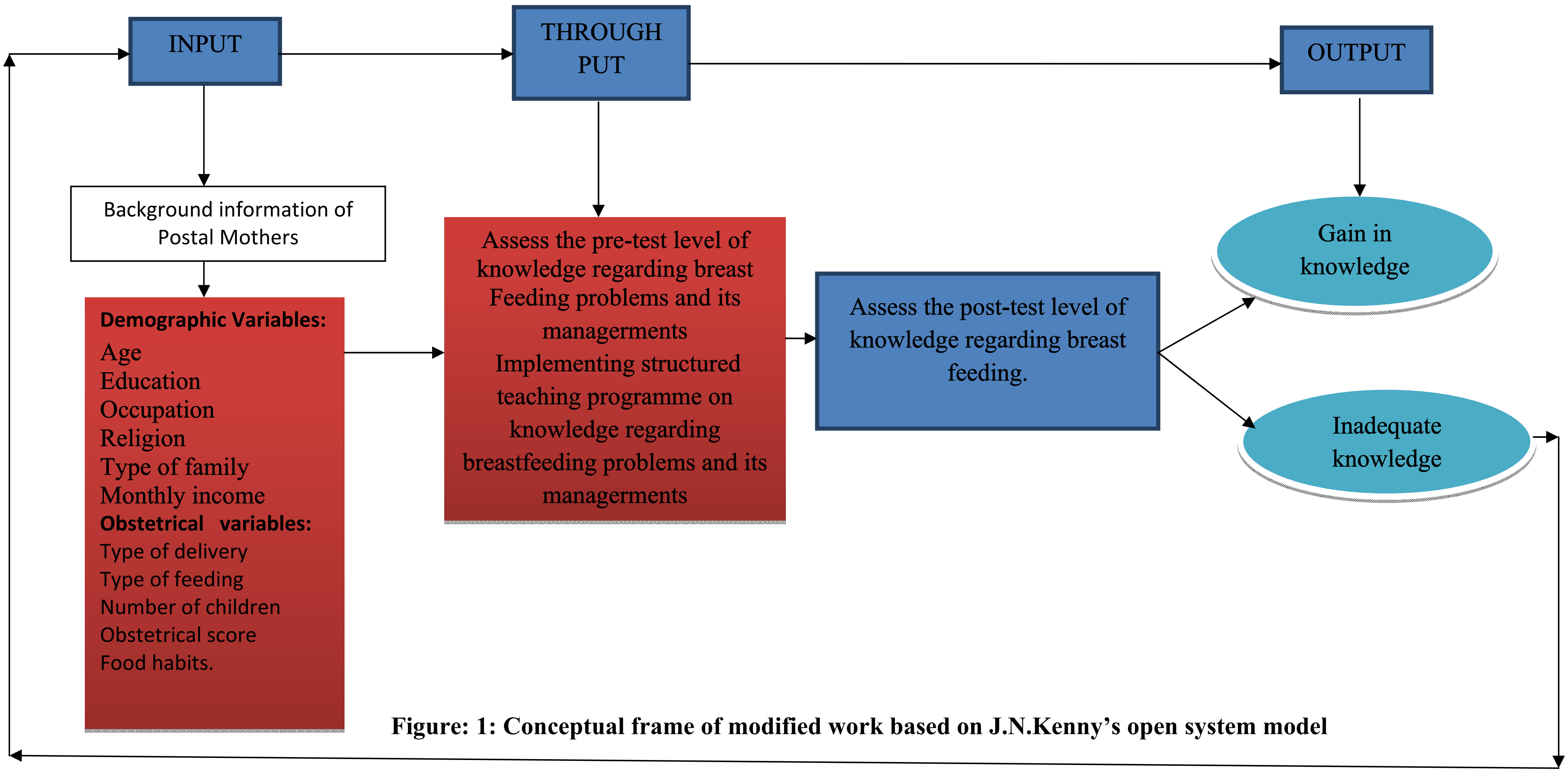

Figure: 1: Conceptual frame of modified work based on J.N.Kenny's open system model

Not done in this study.

CHAPTER II

REVIEW OF LITERATURE

The chapter deals with the selected studies, which are related to the objectives of the proposed study. Review of literature relevant to the study was undertaken which helped the investigator to develop deeper insight in to the problem and gain information on what has been done in the past. Review of literature is a systemic identification, location scrutiny and summary of written materials that contain information on research problems.

The available literature and studies are organized under the following headings,

I. Literature related to breast feeding

II. Literature related to breast feeding problems and its management

II. Literature related to knowledge breast feeding problems and its management.

I. LITERATURE RELATED TO BREAST FEEDING

Shetty B.et.al,. (2013) conducted a observational study kap study of factors promoting breastfeeding in nursing mothers and pregnant women among 300pregnant mothers. 36% had primary education and 12% were graduates. Majority (61%) lived in a joint family. Only 52.3% of the subjects received advice on breastfeeding during antenatal visits, out of which only 19.3% had a breast examination. 58.7% knew that breastfeeding should be initiated within 1 hour of child birth but only 48% of the mothers who had delivered initiated breastfeeding within 1 hour. 71.6% of the mothers knew that exclusive breastfeeding should be practised for 6 months. This study conducted that is emphasises the need to counsel mothers regarding breastfeeding practices early during antenatal visits and not postpone till after delivery, include the spouse for support, sensitise the health care giver and improve infrastructure for a successful breastfeeding initiation.

LucenAfrose,. (2012) conducted a cross sectional study to factors associated with knowledge about breast feeding among 200 female garment workers. The study showed that over all the level of knowledge regarding breast feeding is very poor(88%) among the study subjects, very poor knowledge regarding advantages of exclusive breast feeding (89%) and breast feeding (100%) majority good knowledge on duration of exclusive breast feeding (74%) and breast feeding (66%). Education is significantly ($p<0.001$) associated with a higher total knowledge score of breast feeding, secondary level of education had a significantly higher ($p<0.001$). This study concluded that a large proportion of female garment workers had inadequate knowledge regarding breast feeding.

QiuLiqian et.al,.(2009) conducted a cohort study to initiation of breast feeding and prevalence of exclusive breast feeding at hospital discharge in urban, suburban and rural areas among 1520 postnatal mothers. On discharge from hospital, 50.3% of the mothers were exclusive breastfeeding their infants out of 96.9% of the mothers who had earlier initiated breast feeding.

Jenney Tohotoa et.al,. (2009) conducted a qualitative exploratory study of paternal support for breast feeding form a total of 76 participants the major theme emerging from mother's data identified that "Dads do make a difference". Three sub-themes included. Anticipating needs and getting the job done, Encouragement to do your best; and paternal determination and commitment, associated with effective partner support. This study concluded that sharing the experience of child birth and supporting each other in the subsequent infant feeding practices was perceived as the best outcome for the majority of new mothers and fathers.

Madhu K,. (2009) conducted a descriptive cross sectional study to breast feeding practices and new born among postnatal mothers. The study shows 97% of the mothers initiated breast feeding, 19% used per lacteal feeds, 90% had hospital deliveries and 10% had home deliveries and 50% used a home knife to cut the cord among home deliveries. This study concluded that emphasizes the need for breast feeding intervention programs especially for the mother during antenatal and postnatal check-up.

Dhandapany, G,. et.al (2008) conducted a descriptive study to antenatal counselling on breast feeding is it adequate among 144 primi gravida mothers. Of the booked mothers 21% (n=23) had received some antenatal counselling about breast feeding while 79% (n=85) had not received any such counselling.4% about undergone breast examination during antenatal visits. He concluded that existing antenatal counselling on breast feeding is inadequate in the population studied and needs to be strengthened.

Qiu Liqian et.al.,(2008) conducted a longitudinal cohort study of infant feeding practice in city among 1520 mothers were recruited in to the study. Any breast feeding rates were high before discharge at all three locations. 96.5% in city, 96.8% in suburban and 97.4% in the rural area. The exclusive breast feeding rates in the city, suburban and rural areas before discharge were 38.0% 63.4% and 61.0%. By sixth months the rates had declined to 62.8%, 76.9% and 83.6% and the exclusive breast feeding rates had fallen to 0.2%, 0.5% and 7.2% in city, suburban and rural areas respectively. This study concluded that mothers who lived in the city were least likely to be exclusive breast feeding discharge. At six months the city infants also had lower rates of any breast feeding and exclusive breast feeding**.**

Naka yuko.et.al., (2008) conducted a self-administered questionnaire survey to initiation of breast feeding within 120 minutes after birth is associated with breast feeding at four months among 318 Japanese mothers. The time of first breast feeding up to 120 minutes was significantly associated with the proportion of mothers fully breast feeding during their stay in the clinic/hospital ($p=0.006$), at one months ($p=0.004$) and at 4 months after birth ($p=0.003$)120 minutes compared with more than 120 minutes ($p=0.01$)30 minutes compared with more than 30 minutes ($p=0.06$). This study concluded that commencement of breast feeding was associated with the proportion of mothers who full breast feeding their infants up to four mothers.

Creedy k Debra (2008) concluded a descriptive survey study of assessing midwives breast feeding knowledge: properties' of the new born feeding ability questionnaire and breast feeding initiation practices scale. A response rate of 31.6% (n=1107). Predictive validity of knowledge was moderate ($r=0.481$, $p <0.001$) and contributed to 31.5% of variance in reported practice. This study concluded the new born feeding ability questionnaire and the breast feeding initiation practices scale can contribute to practice development by assessing location and infant feeding knowledge and practice deficits.

Raj Shashi.et.al.,(2008) conducted a prospective study of iron status in exclusively breast fed term infants up to 6 months of age. Mean breast milk iron and lactoferrin in non- anaemic (day 1:12.02, 6 months 0.26mg/1; day 1:12.02, 6 months 5.85mg/ml) and anaemic mother's day 1:0.86 six mothers; 0.27mg/1:day1: 12.91, six mothers 6.37mg/ml). This study concluded that exclusive breast feeding infants of non-anaemic and anaemic mothers did not develop iron deficiency or iron deficiency anaemic by six months of age.

Win. N N.et.al., (2006) conducted a cohort study to breast feeding during in mothers who express milk among 584 total mothers, or 55% of those eligible, participated in the study. Of these 93.5% were breasts feeding at discharge from hospital. Expressed breast milk was less likely to discontinue any breast feeding before six months (relative risk 0.71%, 95% cl 0.52, 0.98) than those who had never expressed milk. This study concluded that mothers who express breast milk are more likely to breast feeding to six months.

II. LITERATURE RELATED TO BREAST FEEDING PROBLEMSAND ITS MANAGEMENT

Gagandeep. et.al., (2013) conducted a quasi-experimental design study to efficacy of Cabbage Leaves in relief of breast engorgement among 60 post natal mothers (30 in experimental and control group). Analysis was done using both descriptive and inferential statistics. Mean score of breast consistency in experimental group had a decrease of 1.90 while mean score in control group had decrease of only 0.80 ($p<.001$). Similarly in breast tenderness 86.20% subjects in experimental group had no tenderness at day 3 compared subjects in control group. This study concluded that application of cabbage leaves were effective in reducing breast engorgement.

PoonamSharma., (2013) conducted the exploratory study to assess knowledge of post natal mothers regarding breast engorgement among 100 post natal mothers. Findings revealed that majority of postnatal mothers (52%) had average knowledge regarding breast engorgement. Mean percentage of knowledge score was highest in symptoms (64.16%) and lowest in area of factors leading to breast engorgement (42.62). Education variable was found to be associated with knowledge of postnatal mothers none of the other variables were found significantly related with the knowledge of postnatal mothers. This study concluded that majority of postnatal mothers had average knowledge regarding breast engorgement.

Svensson.KE. et.al.(2013) conducted a randomized trial to effects of mother-infant skin-to-skin contact on severe latch-on problems in older infants among 103 postnatal mothers infant pairs with severe latch-on problems 1-16 weeks postpartum were randomly assigned and analysed. (75% experimental group, vs. 86% control group). Experimental group infants, who latched on, had a significantly shorter median time from start of intervention to regular latching on than control infants, 2.0 weeks (Q1 = 1.0, Q3 = 3.7) vs. 4.7 weeks (Q1 = 2.0, Q3 = 8.0), (p-value = 0.020)", latched-on within 3 weeks compared to 33% in the control infants (Fisher Exact test p-value = 0.0001). Mothers in the experimental group (n = 53) had a more positive breastfeeding experience according to the Breastfeeding Emotional Scale during the intervention than mothers in the control group (n = 50) (p-value = 0.022). This study concluded that skin-to-skin contact during breastfeeding seems to immediately enhance maternal positive feelings and shorten the time it takes to resolve severe latch-on problems in the infants who started to latch.

BlokhuisGren.MM. et.al.,(2013) conducted a prospective study of the effects of breastfeeding and FADS2 polymorphisms on cognition and hyperactivity/attention problems.IQ at age 5, 7, 10, 12, and/or 18 (n = 1,313), educational attainment at age 12 (n = 1,857), overactive behaviour at age 3 (n = 2,560), and attention problems assessed at age 7, 10, and 12 years (n = 2,479, n = 2,423, n = 2,226) were predicted by breastfeeding and two SNPs in FADS2 (rs174575 and rs1535). Analyses were performed using structural equation modelling. After correction for maternal education, a main effect of breastfeeding was found for educational attainment at age 12 and overactive behaviour at age 3. For IQ, the effect of breastfeeding across age was marginally significant (P = 0.05) and amounted to 1.6 points after correcting for maternal education. This study concluded that is developmentally informed study confirms that breastfeeding is associated with higher educational attainment at age 12, less overactive behaviour at age 3 and a trend toward higher IQ after correction for maternal education.

Khan M.H, Khalique. N.,(2013) conducted a pre designed and pre tested semi structured questionnaire study to knowledge of breast feeding related problems and its management at home among 200 pregnant mothers. Pregnant women (83%) were in the age group of(15-30 years and rest 17% in the age group of 31-45 years. Mostly pregnant women (90%) Hindu community 75% of pregnant women were illiterate. Education of husbands of pregnant women was also low i.e. 54% illiterate. Majority of the families (64.5 %) were nuclear. 99% pregnant women were housewives.Majority of mothers (72.5%) had correct knowledge that continuing breastfeeding relieved breast engorgement. Breast engorgement was relieved by local warm water packs applied on breast of lactating mothers i.e. (58.5%). 39% mothers had correct knowledge that breast engorgement was relieved by express breast milk. No significant differences (p-value>0.05) were found between two groups regarding correct knowledge about management of breastfeeding related problems at home in study group. P-value was calculated using chi-square test and difference was accepted significant at more than 95% (p-value <0.05).This study that concluded is positive thinking by the mother who feels confident of producing enough milk for the baby can extend the period of breastfeeding.

Linda.KJ., (2013) conducted a retrospective questionnaire study re-examination of old truths; replication of a study to measure the incidence of lactational mastitis in breast feeding women's. As in the earlier research, respondent in the study reported a 33% occurrence of lactational mastitis. This cannot however, be considered as the incidence of mastitis. Incomplete emptying of the breast was the factor most frequently cited as the cause of mastitis. This study concluded that well designed studies in different global locations are needed before any conclusions can been drawn about the range of incidences of mastitis.

Philip, Divya., (2013) conducted a quasi-experimental study to assess the effectiveness of structured teaching programme on knowledge of primi gravida mothers regarding breast feeding problems among 60 primi gravida mothers. In the present study, 90% of the primi gravida mothers had inadequate knowledge on breastfeeding problems before the implementation of structured teaching programme. But after the implementation of structured teaching programme 16.7% of them had moderately adequate knowledge and 83.3% of them had adequate knowledge The mean pre-test scores was 42.33% and the mean post-test scores of 80.54% which was significant at (P-value of 0.001) level which showed significant increase in knowledge of primi gravida mothers and thus it proves the effectiveness of the structured teaching programme.

Ystrom E,.(2012) conducted a longitudinal cohort study to breast feeding cessation and symptoms of anxiety and depression among 42225 women in the Norwegian mother and child. First pre partum levels of anxiety and depression were related to breast feeding cessation (β 0.24; 95%Cl 0.21-0.28), and breast feeding cessation was predictive of an increase in postpartum anxiety and depression (β 0.11; 95%Cl 0.09-0.14).Second, pre partum anxiety and depression (β 0.04; 95%Cl0.01-0.06).This study concluded that is breast feeding cessation is a risk factors for increased anxiety and depression.

Thompson FJ.,(2010) conducted the multicentre cohort study women's breastfeeding experiences following a significant primary postpartum haemorrhage among 206 postnatal mothers. Among women with a significant PPH, 63% fully breastfed their babies from birth, whereas 85% said they had hoped to do so ($p < 0.001$). Only 52% of mothers who intended to either fully or partially breastfeed were able to give their baby the opportunity to suckle within an hour of the birth. Delays were longer in women with greater estimated blood loss and women with the longest delays in breastfeeding were less likely to initiate full breastfeeding. 70% of women with PPH of < 2000 mL were fully breastfeeding in the first postpartum week, whereas less than 50% of those with blood loss ≥ 3000 mL were able to do so. Overall, 58% of women with significant PPH were fully breastfeeding at two and 45% at four months postpartum. This study concluded that a significant PPH, women with greater blood loss are less likely to initiate and sustain full breastfeeding and this may be related, in part, to delays in initial contact with their baby as a consequence of the PPH. In particular, enabling the opportunity for the new born to suckle as soon as is practicable should be encouraged.

Linda. KJ., (2008) conducted a descriptive study of Swedish women with symptoms of breast inflammation during lactation and their perceptions of the quality of care given at a breastfeeding clinic among 210 women's 36%of women had damaged nipples. Significantly more women with a less favourable outcome (6 or more contact days) had damaged nipples. Most women recovered well from the episode of breast inflammation and 96% considered their physical health and 97% their psychological well-being, to be good, six weeks after the episode. Those whose illness lasted 6 days or more showed less confidence in the midwives and in the care given to them. Twenty-one (12%) women contacted health care services because of recurring symptoms and eight of the 176 responders (4.5%) were prescribed antibiotics for these recurring symptoms. A further 46 women (26% of the responders) reported recurring symptoms that they managed without recourse to health care services. This study concluded that initial fever may not be indicative of outcomes for women with inflammatory breast symptoms and treatment by antibiotic therapy may be necessary less often than has been supposed. Women who are also suffering from damaged nipples may need special attention.

Rebhan B et.al.(2008) conducted a prospective cohort study to breast feeding, frequency and breast feeding- results the Bavarian breast feeding among 3822 mothers. The frequency of breast feeding exclusive according to needs at 2-6 days following delivery was about 62%. At the end of the infants second months of life only 46.7% of the infants were breast-feed at least 7 times. This study concluded that the should be critically assessed and clearly explained to the mother in order to avoid giving her the feeling that she is unable to adequately feed her own child.

Hogan., (2005) conducted a randomized, controlled trial of division of tongue-tie in infants with feeding problems among 201 had tongue tie. Thirty-one were not enrolled, so 57 were randomized. Of the 29 controls, one improved (3%) and breast-fed for 8 months, but 28 did not. At 48 h, these 28 were offered division, which all accepted, and 27 improved (96%) and fed normally. Of the 28 babies who had immediate division, 27 improved and fed normally but one remained on a nipple shield ($P < 0.001$). Twenty-four mothers breast-fed for 4 months (24/40, 60%). Overall, division of the tongue-tie babies resulted in improved feeding in 54/57 (95%) babies. This study concluded that has clearly shown that tongue-ties can affect feeding and that division is safe, successful and improved feeding for mother and baby significantly better than the intensive skilled support of a lactation consultant.

Taveras E.M et.al.(2003) conducted a prospective cohort study to Clinician support and psychosocial risk factors associated with breastfeeding discontinuation among 1163 mother-new born pairs in the cohort, 1007 (87%) initiated breastfeeding, 872 (75%) were breastfeeding at the 2-week interview, and 646 (55%) were breastfeeding at the 12-week interview. In the final multivariate models, breastfeeding discontinuation at 2 weeks was associated with lack of confidence in ability to breastfeed at the 1- to 2-day interview (odds ratio [OR]: 2.8; 95% confidence interval [CI]: 1.02-7.6), early breastfeeding problems (OR: 1.5; 95% CI: 1.1-1.97), Asian race/ethnicity (OR: 2.6; 95% CI: 1.1-5.7), and lower maternal education (OR: 1.5; 95% CI: 1.2-1.9). Mothers were much less likely to discontinue breastfeeding at 12 weeks postpartum if they reported (during the 12-week interview) having received encouragement from their clinician to breastfeed (OR: 0.6; 95% CI: 0.4-0.8). Breastfeeding discontinuation at 12 weeks was also associated with demographic factors and maternal depressive symptoms (OR: 1.18; 95% CI: 1.01-1.37) and returning to work or school by 12 weeks postpartum (OR: 2.4; 95% CI: 1.8-3.3). This study concluded that our results indicate that support from clinicians and maternal depressive symptoms are associated with breastfeeding duration.

Hallbauer., (2002) conducted a descriptive study to factors influencing a mother's choice of feeding after discharge of her baby from a neonatal unit. 81 mothers of babies admitted to the neonatal unit. The mother's decision to breast-feed her baby at home was significantly associated with her decision before delivery ($P = 0.0050$). Other factors positively associated with the decision to breast-feed exclusively at home were a significantly higher birth weight of the baby ($P < 0.0008$) and gestational age of the baby ($P < 0.0005$). The only hospital practice positively associated with this decision was the frequency with which mothers saw their babies during their stay in the unit ($P = 0.0153$). This study concluded that is Infants with a lower weight and gestational age, who stayed in the unit longer, were less likely to be breast-fed after discharge from the neonatal unit.

III.LITERATURE RELATED TO KNOWLEDGE BREAST FEEDINGAND IT'S MANAGEMENT

Vries De IA et.al., (2013) conducted the retrospective study prevalence of feeding disorders in children with cleft palate only among children. Feeding difficulties were reported in 67 % (n=60) of all cases. NG feeding was given in 32 % (n=28) of all children. Forty-nine children (54 %) have associated malformations. There is no significant relation for gender, gestational age, and birth weight as risk factors for feeding difficulties, NG feeding, and failure of breastfeeding. The severity of the cleft is significantly related to the prevalence of AssD/S. After palateplasty, feeding difficulties improved in 79 % of the CPO children. This study concluded that our results clearly indicate that children with CPO are at high risk of developing feeding difficulties (67 %); NG feeding is often necessary (32 %). Second, our results also indicate that the more severe the cleft, the more likely the chance for AssD/S.

Holleman AC, Nee J, Knaap SF.,(2011) conducted the study chiropractic management of breast-feeding difficulties. Following history and examination, the infant received gentle chiropractic manipulation based on clinical findings. Immediate improvement and complete resolution of the nursing problems were observed after 3 treatments over 14 days. This study concluded that the results of this case suggest that neuro musculoskeletal dysfunction may influence the ability of an infant to suckle successfully and that intervention via chiropractic adjustments may result in improving the infant's ability to suckle efficiently.

Chakrabarti K, Basu S., (2011) conducted a study to management of flat or inverted nipples with simple rubber bands among 19 mothers with flat, inverted, or otherwise deformed nipples. 63% of mothers could achieve latching at the breast with good attachment within 3 days, and all did by the end of the month, as nipples no longer remained a problem. The insufficiency of milk was gradually taken care of by frequent suckling with time. No complications like pain or slipping of the band were reported. This study concluded that simple method may be a good bedside solution for flat/retracted nipples.

Chiu JY., (2010) conducted a randomized controlled trial study to effects of Gua -Sha therapy on breast engorgement among 54 postnatal mothers. Results showed no statistical differences between the two groups at baseline. Body temperature, breast temperature, breast engorgement, pain levels, and discomforting levels were statistically different between the two groups at 5 and 30 min after intervention ($p < .001$). The results of generalized estimating equation analysis indicated that, with the exception of body temperature, all variables remained more significant ($p < .0001$) to improving engorgement symptoms in the experimental group than those in the control group, after taking related variables into account. This study concluded that byusing Gua-Sha therapy, nurses can handle breast engorgement problems more effectively in primary care and hence help patients both physically and psychologically.

Matos Ortiz., (2008) conducted aPre-test, post-test, and an objective structured clinical examination (OSCE) study management of lactation and breastfeeding among 11 residents in their first year of training.Residents who participated in the educational intervention did better than controls in the practical and written tests, and showed improvement in their knowledge about breastfeeding management. This study concluded that has shown the need to improve residents' knowledge in breastfeeding management, practices, and confidence when educating breastfeeding mothers. A structured breastfeeding curriculum during the residency is recommended.

Scott .A J., (2008) conducted the longitudinal study occurrence of lactational mastitis and medical management among 420 postnatal mothers. In total, 74 women (18%) experienced at least one episode of mastitis. More than one half of initial episodes (53%) occurred within the first four weeks postpartum. One in ten women (6/57) were inappropriately advised to either stop breastfeeding from the affected breast or to discontinue breastfeeding altogether. This study concluded that approximately one in six women is likely to experience one or more episodes of mastitis whilst breastfeeding. A small but clinically important proportion of women continue to receive inappropriate management advice from health professionals which, if followed, could lead them to unnecessarily deprive their infants prematurely of the known nutritional and immunological benefits of breast milk.

Linda.KJ., et.al (2008) conducted the descriptive study the role of bacteria in lactational mastitis and some considerations of the use of antibiotic treatment among 192 women with mastitis (referred to as cases) and 466 breast milk donors (referred to as controls). Five main bacterial species were found in both cases and controls: coagulase negative staphylococci (CNS), viridians streptococci, Staphylococcus aureus (S. aureus), Group B streptococci (GBS) and Enterococcus faecal is. More women with mastitis had S. aureus and GBS in their breast milk than those without symptoms, although 31% of healthy women harboured S.aureus and 10% had GBS. There were no significant correlations between bacterial counts and the symptoms of mastitis as measured on scales. There were no differences in bacterial counts between those prescribed and not prescribed antibiotics or those with and without breast abscess. GBS in breast milk was associated with increased health care contacts (p = 0.02). Women with ≥ 107 cfu/L CNS or viridians streptococci in their breast milk had increased odds for damaged nipples (p = 0.003). This study concluded that many healthy breastfeeding women have potentially pathogenic bacteria in their breast milk. Increasing bacterial counts did not affect the clinical manifestation of mastitis; thus bacterial counts in breast milk may be of limited value in the decision to treat with antibiotics as results from bacterial culture of breast milk may be difficult to interpret.

MelliManizhehSayyah.,(2007) conducted a study to effect of peppermint water on prevention of nipple cracks in lactating primi parous mothers among 196 primi parous breast feeding women. Women who were randomized to receive peppermint water were less likely to experience nipple and areola cracks(9%)compared to women using EBM (27%P<0.01)a cracked nipple than women who did not use peppermint water (relative risk3.6,95%Cl:2.9,4.3). Nipple pain in the peppermint water group was lower than the expressed breast milk group (or 5.6; 95%, Cl:2.2, 14.6;p<0.005).This study conclude that is suggests that peppermint water is effective in the prevention of nipple pain and damage. Further studies are needed to assess the usefulness of peppermint water in conjunction with correct breast feeding techniques.

Haider. R.,(2000) conducted the prospective studyneonatal diarrhoea in a diarrhoea treatment centre in Bangladesh: clinical presentation, breastfeeding management and outcome among 244 Their mean (SD) age was 18 (6.2) days, and body weight and length were 2.18 (0.52) kg and 47.5 (3.2) cm, respectively. More neonates had some dehydration than severe dehydration (78% vs. 11%), with mean (SD) serum bicarbonate values 9.6 (5.1) mmol/1. V. cholera was isolated from 25 (12%), Shigella spp. from 8 (3%), and Salmonella spp. from 3 (1%) of the patients who had rectal swab cultures. Mean (SD) hospital stay was 3.6 (2.1) days, during which the majority (80%) recovered fully, but 29 (13%) left earlier. Eleven (4%) of the neonates had to be referred elsewhere for treatment of other problems and 7 (3%) died. None of the neonates were exclusively breastfed on admission. Excluding mothers of adopted neonates, breastfeeding counselling enabled 64% of the mothers to convert to exclusive breastfeeding during the hospital stay. This study concluded that Most of the neonates admitted with diarrhoea were small and underweight, and had poor feeding practices.

CHAPTER-III

RESEARCH METHODOLGY

This chapter deals with the methods adopted by the research to find out the effectiveness of structured teaching programme on regarding identification of breast feeding related problems and its and management among the postnatal mother. It deals with research approach, research design, the setting, population, sample and sampling technique, development and description of tool, validity, reliability, pilot study, and procedure for data collection, plan for data analysis and protection of human subject.

Research approach

An evaluating approach was adopted by investigator to find the effectiveness of structured teaching programme on knowledge regarding identification of breast feeding problems and its managements among postnatal mothers.

Research design

Pre-experimental – one group pre-test and post-test design is adopted for this study.

O1 x O2

O1 - Pre-test assessment of knowledge

X - Structured teaching programme

O2 - Post-test assessment of knowledge

Variables of the study

Independent Variables:

Structured teaching programme on breast feeding problems and its management among postnatal mothers.

Dependent Variables:

Improvement in the knowledge regarding breast feeding problems and its management among postnatal mothers.

Setting of the study

The study is conducted in post natal wards of Booma Hospital at Madurai. It is a 35 bedded hospital. Approximately 90 to 100 mothers are admitted per month. Among this 1-2 mother are undergoing normal delivery with 2-3 mother are LSCS, 1-2 mothers are instrumental delivery per day. It is 20 kms away from our parent institution.

Study population

The population for the study in post-natal mothers who have undergone normal vaginal delivery and LSCS mothers.

Sample

Post-natal mothers will be selected purposively in selected hospital at Madurai.

Sample size

Sample size consists of 60post-natal mothers.

Sampling technique

Non - Probability purposive sampling technique was used to select the sample from the selected hospital, Madurai.

Criteria for selection of sample

The sample was selected based on the following inclusion and exclusion criteria.

Inclusion criteria:

The study includes,

1. Postnatal mothers who are willing to participate in the study.

2. Postnatal mothers who understand Tamil.

Exclusion criteria:

The study excludes,

1. Postnatal mothers who are having medical illness.
2. Postnatal mothers who are puerperal complication.
3. Not willing participates in the study.

Research tool and technique

The research study consists of two sections.

Section A

It consist of demographic variables such as sample no, age, education, occupation, religion, type of family, income. Obstetrical variables which type of delivery, type of feeding, number of children, obstetrical score, food habits.

Section B

The knowledge questionnaires consist 35 questions of multiple choice items among which correct answer was given score "1" and wrong answer was given score "0". The probable maximum score is " 35 " , probable minimum score was is " 0 ".

Section C

It comprised of questionnaire, regarding knowledge on breast feeding related problems and its management. It consist of 35 multiple choice questions.

Part I: Questions related to knowledge on breast feeding (included 10 questions)

Part II: Questions related to knowledge on breast feeding problems and its management (included 25 questions)

Section D

It comprised structured teaching programme on breast feeding related problems and its management.

CONTENT VALIDITY

Tool was given to five experts in the field of Nursing for content validity. Suggestions were considered and appropriate changes were done and to make the tool to be valid.

RELIABILITY

The data were collected from 5 samples to find out the reliability. The split half method was used to establish the reliability of the investigator selected modified structured teaching programme the reliability value of the tool was r = 0.79, hence the questionnaire was found to be reliable.

PILOT STUDY

Pilot study was conducted in Madurai Infant Jesus Hospital for the period of one week on five postnatal mothers.The purpose of the pilot study was to find out the feasibility of the study, clarity of language in the tool as well assince the structured teaching programme and to finalize the plan for analysis. It revealed that the study was feasible. Results show that the study was feasible to carry out the study.

DATA COLLECTION PROCEDURE

The data collection was done for four weeks in Tallakullam at Madurai. Before starting the study, the researcher obtained formal permission to conduct the study from the hospital authority and the Dissertation committee of RASS Academy College of Nursing, Poovanthi. The study samples consisted of 60 post-natal mothers. For maximum co-operation, the investigator introduced herself to the respondents and willingness of the participants was ascertained. The data collection period was 6 weeks is that the researcher did pre-test 3 weeks and post-test 3 weeks . Pre-test was conducted 20 mothers per weeks and structured teaching programme was given to mothers. After the 2 weeks of interval post-test was assessed for 20 mothers. Same way 20 mothers/ weeks for three weeks pre-test and 20 mothers/ weeks for 3weeks post-test was conducted. The data was collected and recorded systematically on each item and was organized in a way that facilitated computer entry.

PALN FOR DATA ANALYSIS

The data analysis was done according to the objectives of the study. Both descriptive and inferential statistics were used.

1. Analysis of the demographic data was done by frequency and percentage.
2. Paired‘t’ test was used determine the difference between pre-test and post-test score in terms of effectiveness of structured teaching programme.
3. Chi-square test was used to determine the association between selected demographic variables and post-test knowledge score.

PROTECTION OF HUMAN RIGHTS

Research proposal was approved by the dissertation committee, RASS Academy College of Nursing, poovanthi. Prior to the study oral consent of each study subject was obtained before starting the data collection. Assurance was given to the subjects that confidentiality would be maintained.

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

This chapter with the analysis and interpretation of the data collection from one group of who have received structured teaching programme. Data collected were tabulated, analyzed and presented. It consists of the following sections:

Section I: It deals with distribution of the post-natal mothers according to their demographic variables and obstetrical information.

Section II: It deals with distribution of the post-natal mother according to the pre-test and post- test knowledge score on breast feeding related problems and its management.

Section II: It deals with comparison off pre-test and post -test knowledge score of post-natal mother on breast feeding related problems and its anagement.

Section IV: It deals with the association of post-natal mothers pretest knowledge score with their selected demographic variables

SECTION – I: Distribution of postnatal mothers according to demographic variables.

Table 1

Distribution of postnatal mothers according to demographic variables.

N=60

S.NO	Demographic variables	Mothers	
1	**Age in years**	f	%
	18-22	15	25%
	23 to 27	17	28%
	28 to 32	18	30%
	Above 32	10	17%
2	**Educational status**		
	Illiterate	0	0
	Primary school	22	36%
	High school	25	42%
	Graduate and above	13	22%
3	**Occupation**		
	Home maker	18	30%
	Coolie	9	15%
	Private employee	16	27%
	Government employee	9	15%
	Business	8	13%
4	**Religion**		
	Hindu	24	40%
	Christian	16	27%
	Muslin	20	33%
5	**Type of family**		
	Nuclear	29	48%
	Joint	31	52%
6	**Monthly income**		
	>3000	6	10%
	3001-5000	12	20%
	5001-8000	22	37%
	8001-10,000	5	8%
	Above 10,000	15	25%

Table 1 summarizes that the demographic characteristics of post-natal mothers among 60, regarding age(30%) belongs to28 to 32years of age,(28%) belongs to 23 to27years of age,(25%) belongs to 18-22years of age, and (17%) above 32 years of age.Regarding mother's educational status among 60, (42%) had higher secondary,(36%) had primary school, (22%) had Graduate and above,(0%) are illiterate. Regarding mother occupation, among 60, (30%) are home maker, (27%) belongs are private and (15%) government sector women, (15%) are coolie, (13%) belongs to business. Regarding religion, among them (40%) belongs to Hindu,(33%) belongs to Muslim (27%) belongs to Christian. Regarding type of family, (52%) are joint family, (48%) are nuclear family.Regarding family monthly income, among (37%) have Rs5001-8000, (25%) have more than income of Rs10, 000,(20%) have between Rs3001-5000, (10%) have up to Rs.>3000, (8%) have Rs8001-10,000

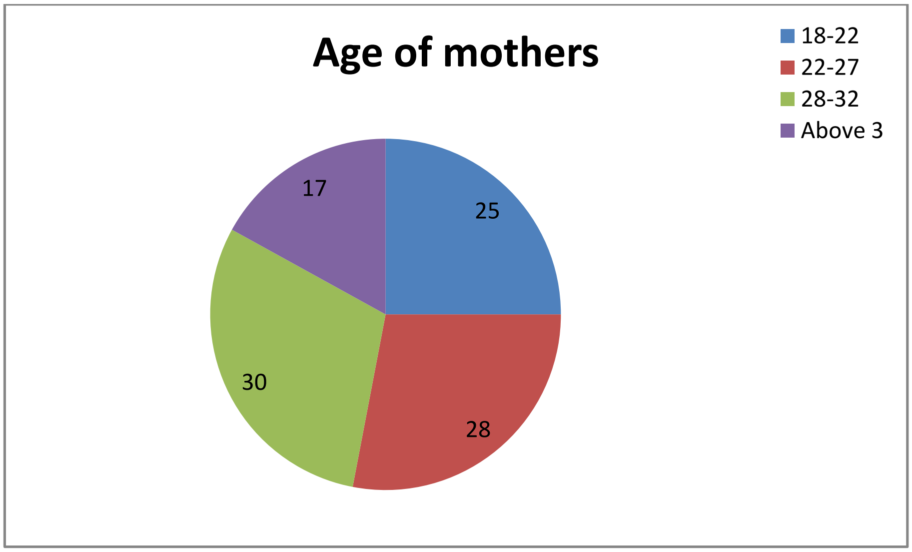

Figure:2 Distribution of mothers according age

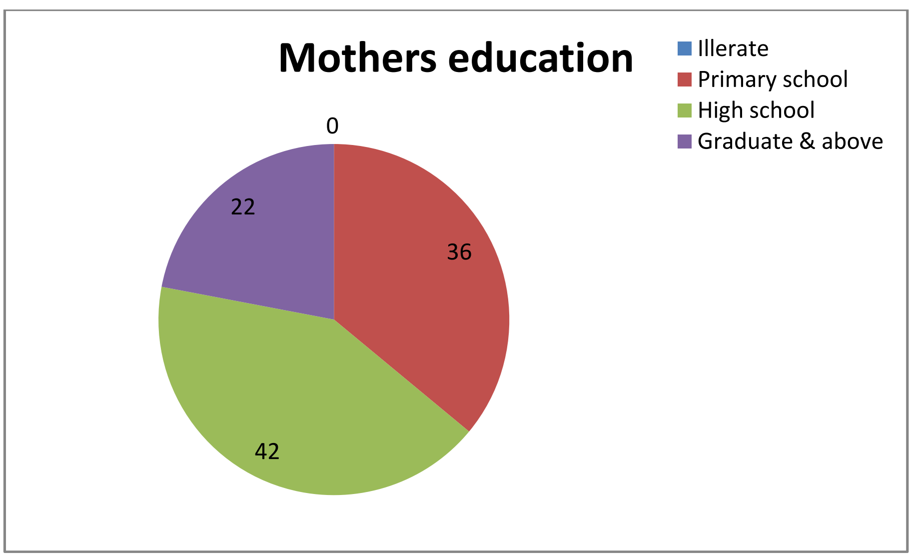

Figure:3 Distribution of mothers according to Education Status

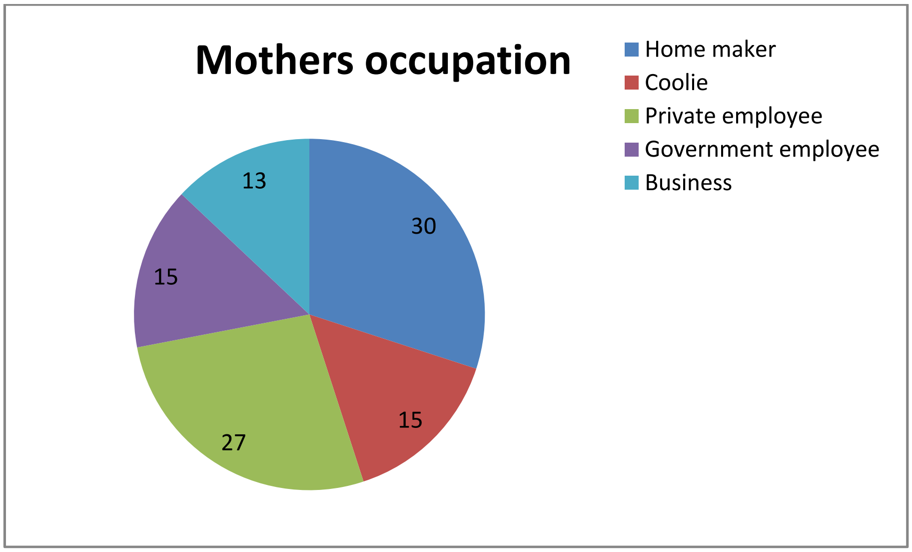

Figure:4 Distribution of mothers according to occupation

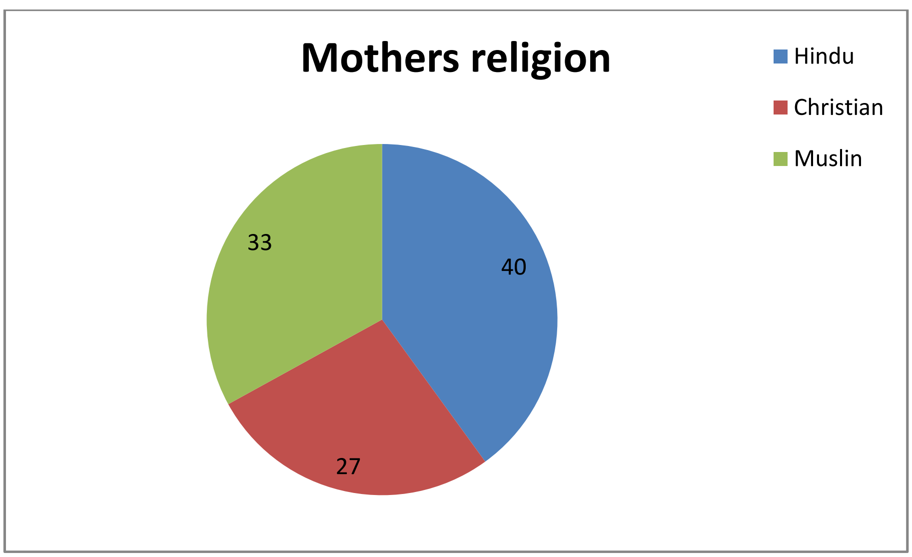

Figure:5 Distribution of mothers according to religion

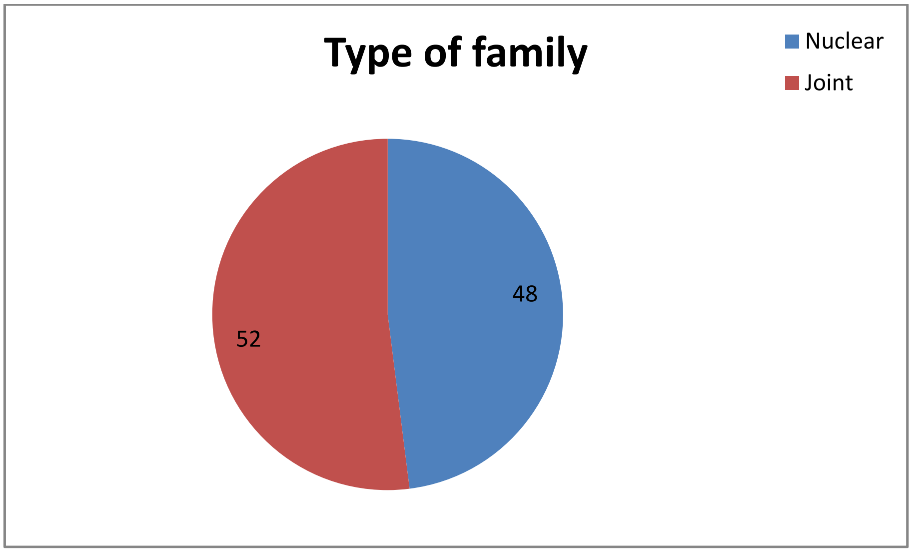

Figure:6 Distribution according to type of family

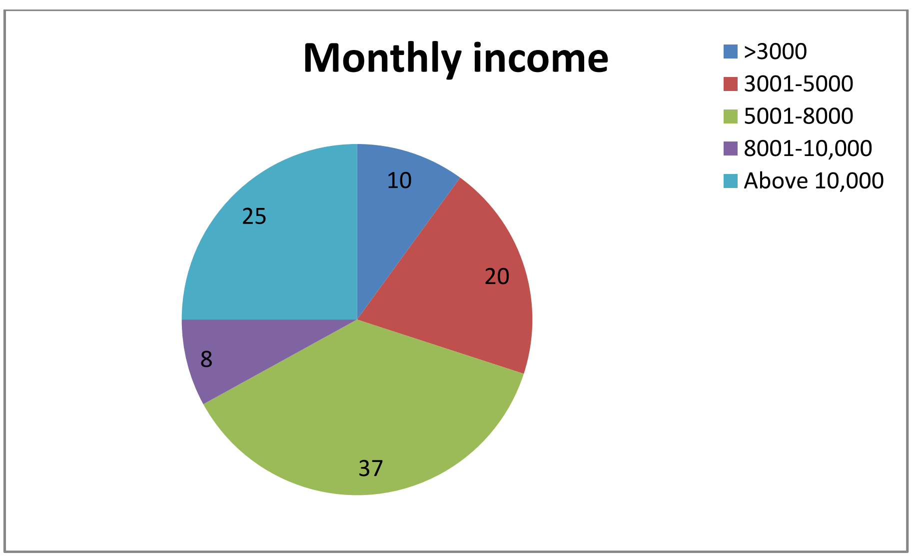

Figure: 7 Distribution according to Total monthly income

Table 2

Distribution of postnatal mother according to their Obstetrical information

N=60

S.No	Obstetrical Score	Mother	
		f	%
1	**Type of delivery**		
	Normal vaginal delivery	17	28%
	Lower segmental cesarean delivery	25	42%
	Instrumental delivery	18	30%
2	**Type of feeding**		
	Breast feeding	52	87%
	Cow milk	8	13%
3	**Obstetrical score**		
a.	**Gravida**		
	One	47	78.4%
	Two	11	18.3%
	Three	2	3.3%
	Above three	0	0
b.	**Para**		
	One	56	93%
	Two	4	7%
	Three	**0**	0
	Above three	0	0
c.	**Live birth**		
	One	60	100%
	Two	0	0
	Three	0	0
	Above three	0	0
d.	**Abortion**		
	Zero	52	86%
	One	7	12%
	Two	1	2%
	Three	0	0
	Above three	0	0
e.	**Stil birth**		
	Zero	54	90%
	One	6	10%
	Two	0	0
	Three	0	0
	Above three	0	0

The above table depicts out of 60 postnatal mothers, regarding mothers type of delivery(42%) mothers LSCS, (30%) instrumental delivery (28%) normal vaginal delivery. Regarding mothers type of feeding (87%) had breast feeding, (13%) had cow milk. Regarding gravid (78.4%) one, (18.3%) two,(3.3%) three. Para (930%) one,(7%)two. All are (100%) belongs to the category of live birth. Regarding abortion,(86%) zero,(12%)one (2%) two. Still birth (90%) zero,(10%) one. Regarding the post natal mother's food habits (85%) non-vegetarian, (15%) vegetarian.

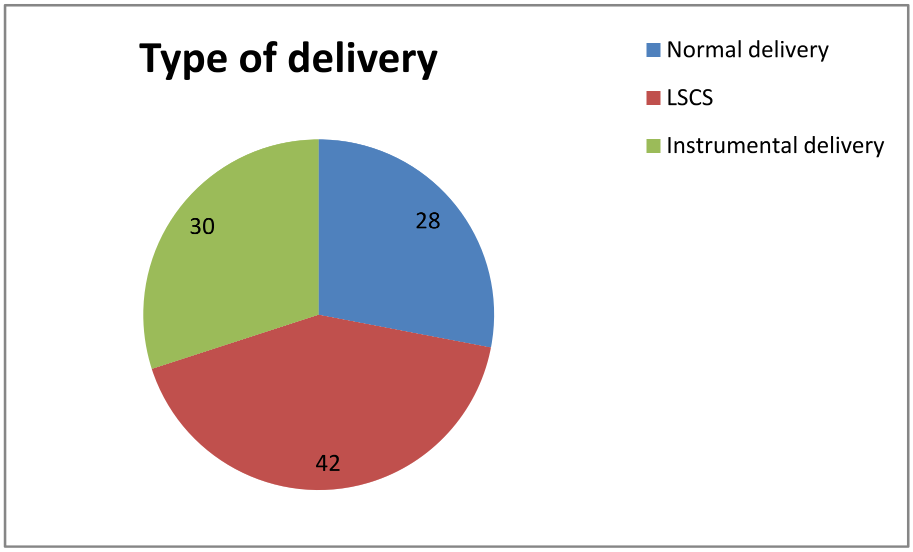

Figure:8 Distribution of mothers according to Type of Delivery

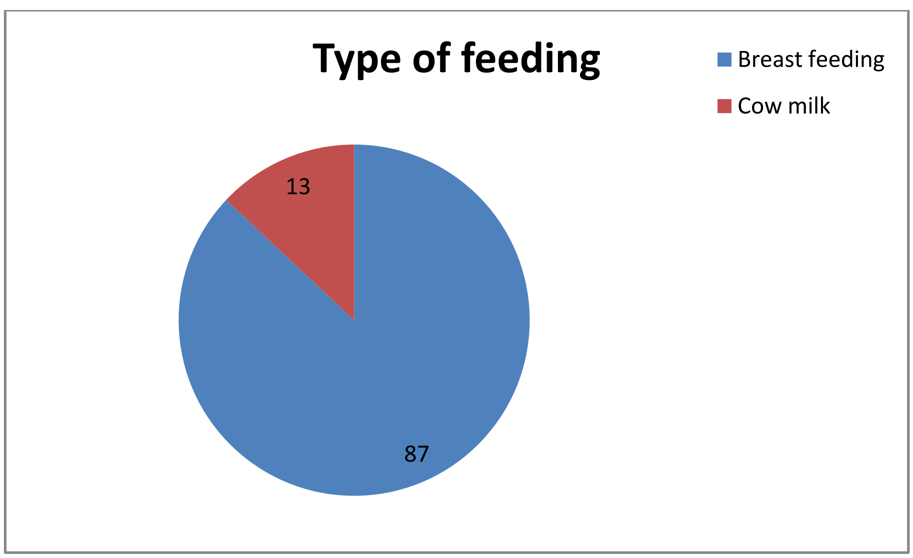

Figure:9 Distribution of according to Type of Feeding

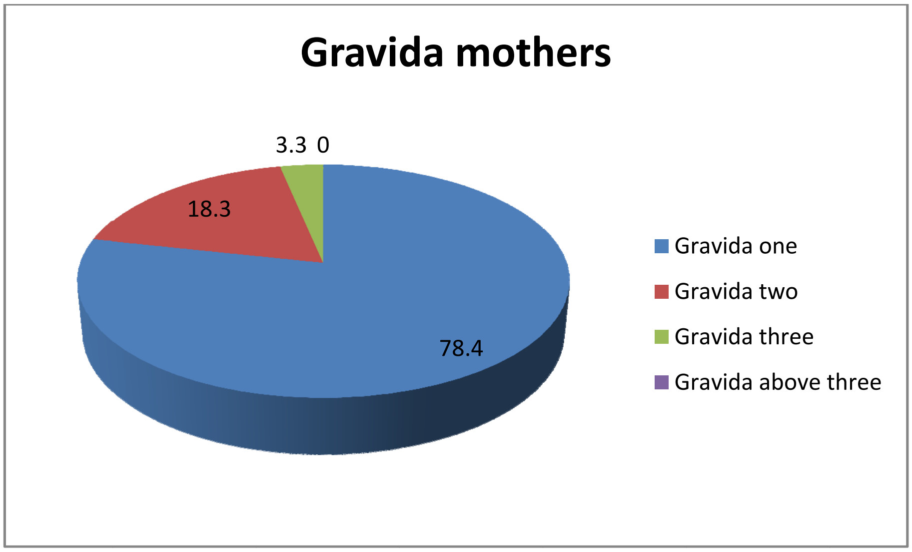

Figure : 10 Distribution of mothers according to gravida postnatal Mothers

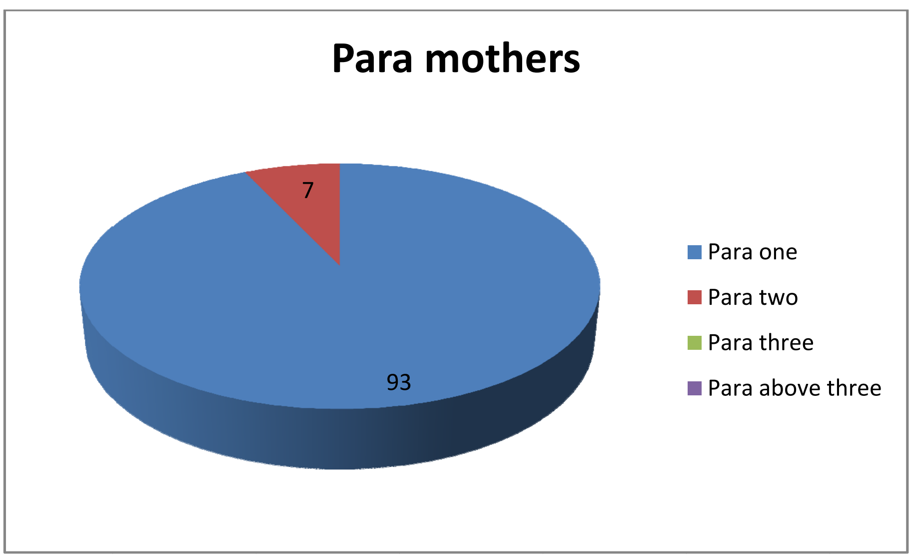

Figure: 11 Distribution of according to para postnatal mothers

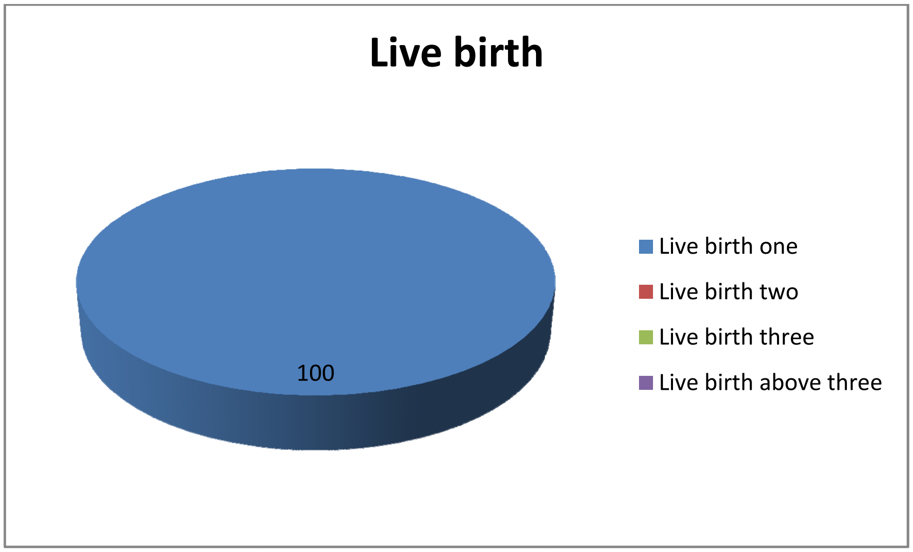

Figure :12 Distribution of according to Live birth post-natal mothers

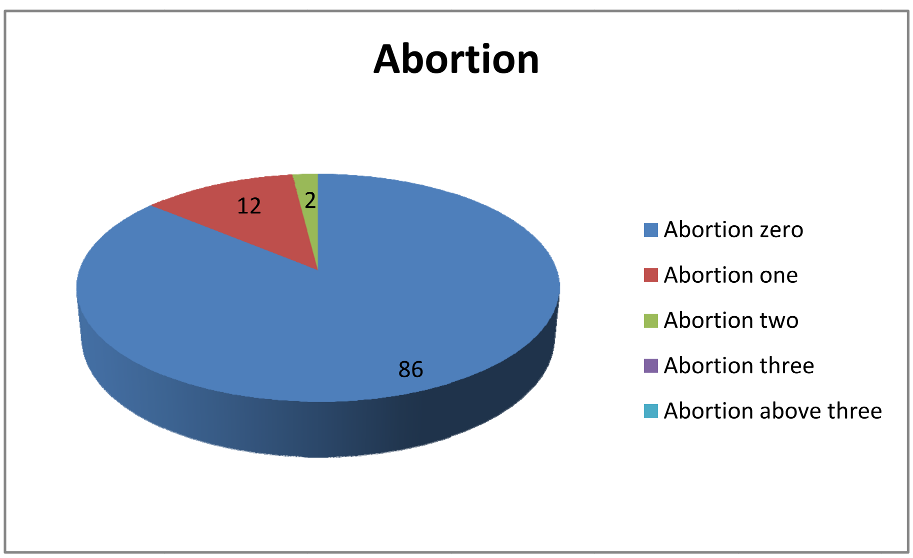

Figure: 13 Distribution of according to Abortion post-natal mothers

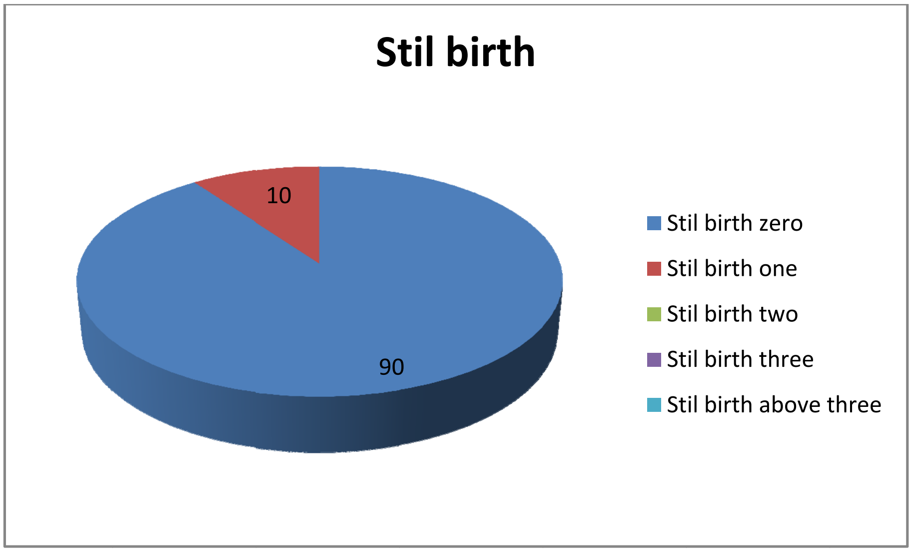

Figure: 14 Distribution of according to still birth postnatal mothers

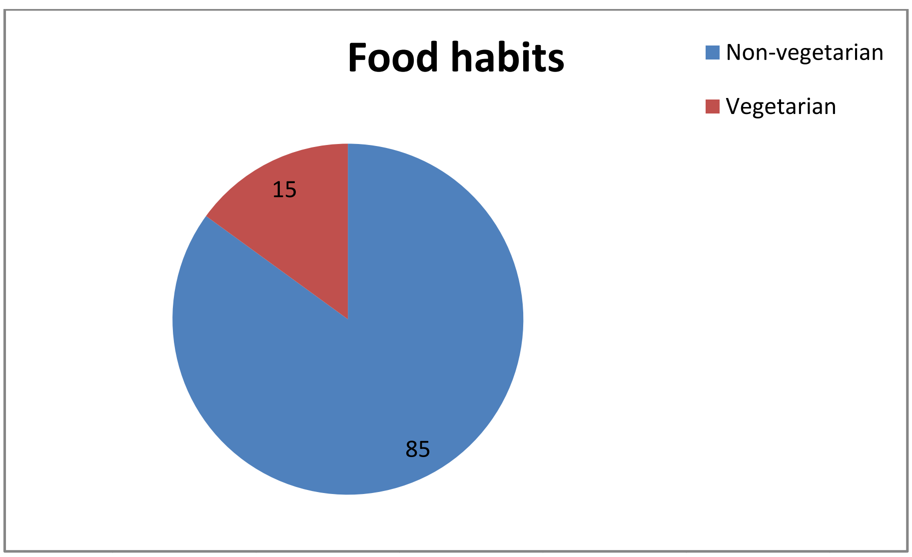

Figure : 15 Distribution of according to food habits of the mothers

SECTION II :Distribution of postnatal mothers according to the pretest and post -test level of knowledge on breast feeding related problems and its management.

Table 3

Distribution of postnatal mothers according to the pretest level of knowledgeon breast feeding related problems and its management.

N=60

S.No	Level of knowledge	Pretest	
		f	%
1	Inadequate (0-5)	12	20%
2	Moderate (6-14)	37	61.7%
3	Adequate (15-35)	11	18.3%

Table 3 shows out of 60 postnatal mothers, pre- test knowledge score only, (61.7%) are having moderate score (20%) mother are having inadequate score (18.3%) mothers having adequate knowledge score.

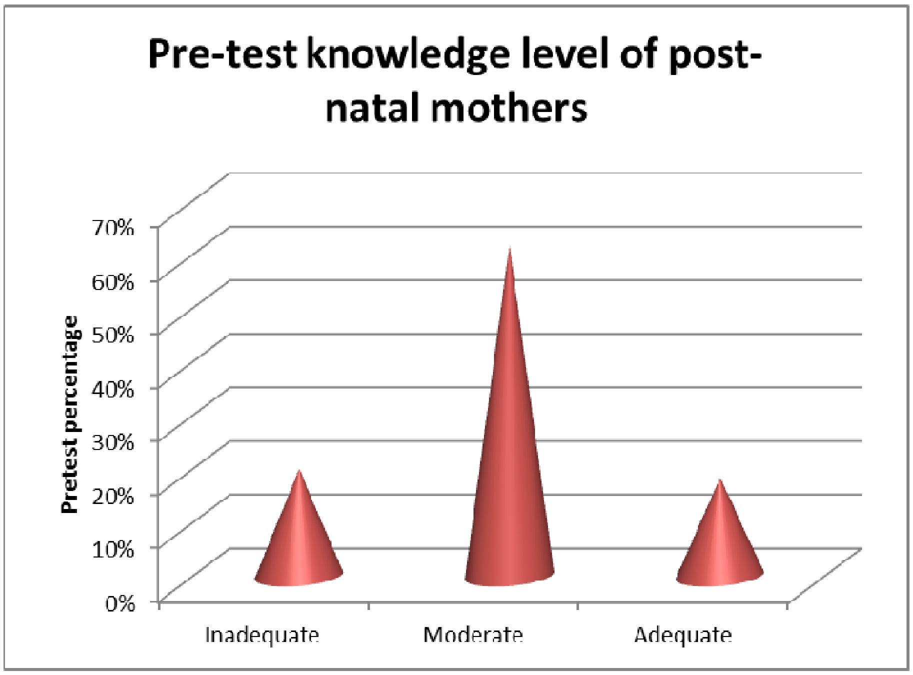

Figure:16 Distribution of post-natal mothers according to the pre-test level of knowledge.

Table: 4

Distribution of postnatal mothers according to the post-test level of knowledge on breast feeding related problems and its management.

No:60

S.No	Level of knowledge	Post-test	
		f	%
1.	Inadequate (0-15)	11	18.3%
2.	Moderate (16-31)	41	68.4%
3.	Adequate (32-35)	8	13.3%

Table 4 shows out of 60 postnatal mothers, post- test knowledge score only, (68.4%) are having moderate score (18.3%) mother are having inadequate score (13.3%) mothers having adequate knowledge score.

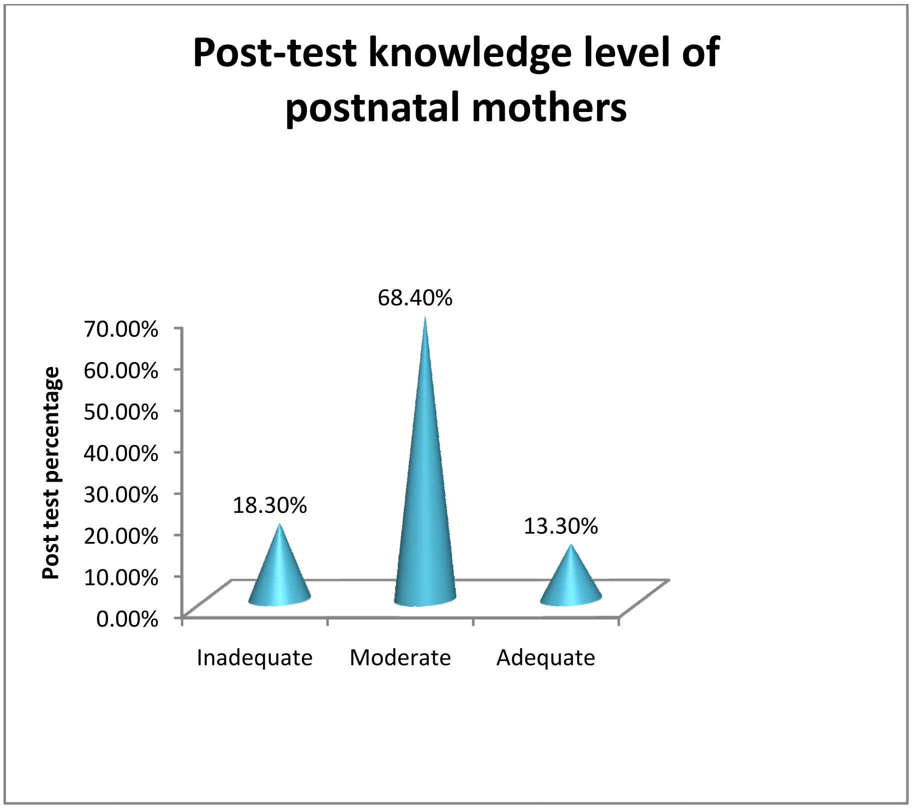

Figure:17 Distribution of post-natal mothers according to the post-test level of knowledge.

SECTION II: Comparison of pre-test and post-test level of knowledge of postnatal mothers

Table 5

Comparison of pre-test and post-test level of knowledge of postnatal mothers

No:60

S.No.	Level of knowledge	Mean difference	SD	't' value
1.	Pretest	9.23	8.087	** 2.177
2.	Post test	23.26	3.58	

P<0.05 ** = Significant

The above table 4 predicts that comparison of the mean pre-test and post-test level of knowledge and it also deals with mean difference in pre-test and post-test and 't' value, thus the effectiveness of the study is found. The pre-test mean difference is (9.23) and post-test mean difference is (23.26). The overall calculated't' value (2.177, p<0.05) in knowledge aspect was greater than the table value (2.00) at 0.05 level of significance. Hence it is concluded that there is very high significant gain in knowledge of post natal mothers on breast feeding related problems and its management after structured teaching programme.

H1 : Knowledge of the post-natal mothers regarding the breast feeding related problems and management was significantly improved after structured teaching programme

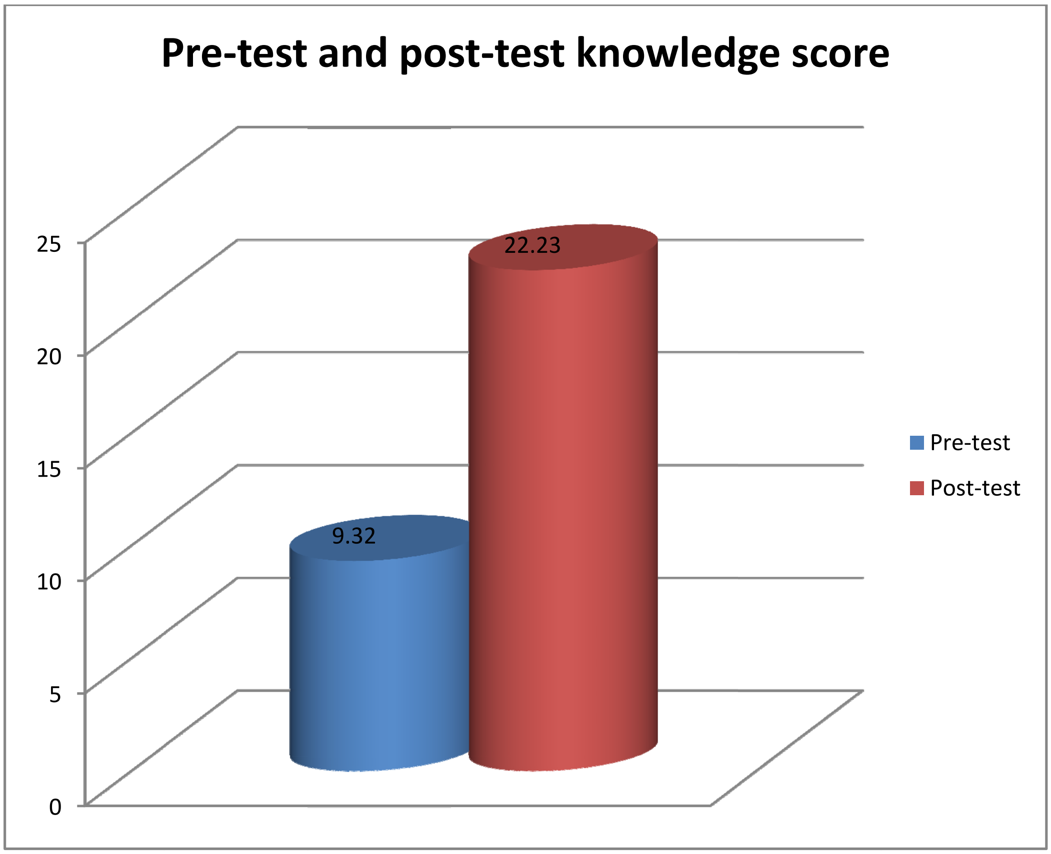

Figure:17 Distribution of post-natal mothers according to the pre-test and post-test level of knowledge.

SECTION IV: **Association between pre-test knowledge score of post natal mothers of breast feeding problems and its management with selected demographic variables.**

Table 6: (a) Association of post-natal mothers knowledge score with their age

No:60

S.No	Age in years	f	Level of knowledge		X2
			Above Mean	Below Mean	
1	18-22	15	-	9.2	5.917 (NS)
2	22-27	17	9.58	-	
3	28-32	18	-	8.77	
4	Above 32	10	10	-	

(NS-Not significant, S-Significant, P-0.05)

The above table depicts the association of POST-natal mothers knowledge on breast feeding related problems and its management with their age, the calculated value of chi-square (5.917) was less than the table value (12.56) at 005 level of significance. So there was no significant association between the ages of mothers.

Table 6: (b) Association of post-natal mothers knowledge score with their education

No:60

S.No	Education	f	Level of knowledge		X2
			Above Mean	Below Mean	
1	Illerate	0	-	-	19.776* (S)
2	Primary School	22	9.81	-	
3	High School	25	-	9.2	
4	Graduate &Above13		-	8.69	

(S-Significant, P-0.05)

The above table depicts the association of Post-natal mother's knowledge on breastfeeding related problems and its management with their education status. The calculated value of chi-square (19.776) was greater than the table value (12.59) at 0.05level of significance. So there was significant association between the educational statuses of mothers.

Table 6: (c) Association of post-natal mothers knowledge score with their occupation

No:60

S.No	Occupation	f	Level of knowledge		X2
			Above Mean	Below Mean	
1	Home Maker	18	-	9.17	9.044 (NS)
2	Coolie	9	11.6	-	
3	Private employee	16	-	9.31	
4	Government employee	9	-	7.77	
5	Business	8	-	8.87	

(NS-Not significant, S-Significant, P-0.05)

The above table depicts the association of Post-natal mother's knowledge on breastfeeding related problems and its management with their occupation. The calculated value of chi-square (9.044) was less than the table value (15.51) at 0.05 level of significance. So there was no significant association between the occupations.

Table 6: (d) Association of post-natal mothers knowledge score with their religion

S.No	Religion	f	Level of knowledge		X2
			Above Mean	Below Mean	
1	Hindu	24	9.58	-	10.348* (S)
2	Christian	16	-	7.87	
3	Muslin	20	10.2	-	

(S-Significant, P-0.05)

The above table depicts the association of Post-natal mother's knowledge on breastfeeding related problems and its management with their religion. The calculated value of chi-square (10.348) was greater than the table value (9.49) at 0.05 level of significance. So there was significant association between the religions of mothers.

Table 6: (e) Association of post-natal mothers knowledge score with their type of family

No:60

S.No	Type of family	f	Level of knowledge		X2
			Above Mean	Below Mean	
1	Nuclear	29	-	8.86	27.85* (S)
2	Joint	31	9.74	-	

(S-Significant, P-0.05)

The above table depicts the association of Post-natal mother's knowledge on breastfeeding related problems and its management with their type of family. The calculated value of chi-square (27.85) was greater than the table value (5.99) at 0.05 level of significance. So there was significant association between the types of family of mothers.

Table 6: (f) Association of post-natal mothers knowledge score with their monthly income

No:60

S.No	Monthly income	f	Level of knowledge		X2
			Above Mean	Below Mean	
1	Below 3,000	6	10.5	-	19.697* (S)
2	3,001-5,000	12	-	8.66	
3	5,001-8,000	22	-	9.31	
4	8,001-10,000	5	9.6	-	
5	Above 10,000	15	-	9.26	

(S-Significant, P-0.05)

The above table depicts the association of Post-natal mother's knowledge on breastfeeding related problems and its management with their monthly income. The calculated value of chi-square (19.697) was greater than the table value (15.51)at 0.05 level of significance. So there was significant association between the monthly income of mothers.

Table 6: (g) Association of post-natal mothers knowledge score with their type of delivery

No:60

S.No	Types of delivery	f	Level of knowledge		X2
			Above Mean	Below Mean	
1	Normal delivery	17	-	8.41	35.912* (S)
2	LSCS	25	-	8.68	
3	Instrumental delivery	18	11.05	-	

(S-Significant, P-0.05)

The above table depicts the association of Post-natal mothers knowledge on breastfeeding related problems and its management with their types of delivery. The calculated value of chi-square (35.912) was greater than the table value (9.49) at 0.05 level of significance. So there was significant association between the types of delivery of mothers.

Table 6: (h) Association of post-natal mothers knowledge score with their types of feeding

No:60

S.No	Types of feeding	f	Level of knowledge		X2
			Above Mean	Below Mean	
1	Breast milk	52	-	9.25	0.736 (NS)
2	Cow milk	8	9.75	-	

(NS-Not significant, S-Significant, P-0.05)

The above table depicts the association of Post-natal mother's knowledge on breastfeeding related problems and its management with their types of feeding. The calculated value of chi-square (0.736) was less than the table value (5.99) at 0.05 level of significance. So there was no significant association between the types of feeding of mothers.

Table 6: (i) Association of post-natal mothers knowledge score with their food habits

S.No	Food habits	f	Level of knowledge		X2
			Above Mean	Below Mean	
1	Non-Vegetarian	51	-	9.18	3.45 (NS)
2	Vegetarian	9	10.11	-	

(NS-Not significant, S-Significant, P-0.05)

The above table depicts the association of Post-natal mother's knowledge on breastfeeding related problems and its management with their food habits. The calculated value of chi-square (3.45) was less than the table value (5.99)at 0.05level of significance. So there was no significant association between the food habits of mothers.

CHAPTER – V

DISCUSSION, SUMMARY, CONCLUSION, IMPLICATION AND RECOMMENDATION

Discussions

The human species is the only one among mammals in which breastfeeding and weaning are not governed only by instinct. Therefore, breastfeeding and weaning have to be learned. Currently, especially in modern societies, women have few opportunities to learn something about breastfeeding because their traditional sources of learning – more experienced women in the family – were lost as extended families were replaced by nuclear families. Consequently, women become mothers with little or no ability to breastfeed, which makes them more vulnerable to difficulties during the process. Health professionals play a crucial role in the prevention and management of such difficulties, but to do that, they need specific knowledge, attitudes and skills.

The present article reviews the major difficulties encountered in breastfeeding and their management and seeks to provide technical and practical information necessary for health professionals to promote, protect and support the breastfeeding practice. Common problems related to breastfeeding are discussed, including flat and inverted nipple, sore and cracked nipple, breast engorgement, blocked ducts, mastitis and breast abscess, leakage and not having enough milk.

I firmly believe that breastfeeding is still the number one choice for new mothers. I agree that improving nutrition should be a primary concern for pregnant women and nursing mothers. Your guidelines are very helpful; however, the article doesn't seem to focus on improving nutrition enough. Rather, it seems to make a strong case for breastfeeding substitutes and alternatives. But there is no way breast milk substitutes can imitate breast milk. What about immune factors, antibodies and live cells that help protect the baby from diseases, not to mention the enzymes and hormones that support baby's physiological development? Are you saying that American mothers' diets are so poor that they should not breastfeed? A mother should be empowered to change her eating habits, not given reasons to feel guilty about her nutrition, and thereby choose not to breastfeed.

It is also important to point out to your readers that the breastfeeding relationship is more than just about nutrition. There are equally important emotional aspects of breastfeeding to the baby and mother that are overlooked. Also, I would strongly argue that insufficient milk supply is rare. Most often it is the management of breastfeeding that affects a mother's milk supply, not a physiological problem.

The aim of the present study was designed to evaluate the effectiveness of structured teaching programme on knowledge regarding breast feeding related problems and its management among post-natal mothers at Madurai. I had selected 60 post-natal mothers who had admitted in selected hospital at Madurai. Non probability sampling technique was used to derive the samples.

The first Objective was to assess the pre -test knowledge score regarding breast feeding related problems and its management among post natal mothers.

Postnatal mothers, pre- test knowledge score only, (61.7%) are having moderate score (20%) mother are having inadequate score (18.3%) mothers having adequate knowledge score.

The second objective was to assess the effectiveness of structured teaching programme on knowledge of postnatal mothers of breast feeding related problems and its and management.

Mothers shown improved knowledge after structured teaching programme on knowledge regarding breast feeding related problems and its and management. Postnatal mothers, pre- test knowledge score only, (61.7%) are having moderate score (20%) mother are having inadequate score (18.3%) mothers having adequate knowledge score. Post- test knowledge score only, (68.4%) are having moderate score (18.3%) mother are having inadequate score (13.3%) mothers having adequate knowledge score. **Hence formulate H1 was accepted.** This shows that there is significant improvement in knowledge score on breast feeding related problems and its management after administering structured teaching programme. Through the study the researcher personally found that the structured teaching was effective in improving knowledge of post-natal mothers on breast feeding related problems and its management.

The third objective was to associate the pre-test scores with their selected demographical variables.

The knowledge of postnatal mothers on breast feeding related problems and its management were compared with their demographic variables of age, education, occupation, religion, type of family, family monthly income .The chi- squire value of post-natal mothers knowledge on breast feeding related problems and its management with their education was 19.776, religion was 10.348, type of family was 27.85, monthly income was 19.697type of delivery 35.912 which shows there was significant association exist between mothers knowledge score with their selected demographic variables. **Hence H2 were accepted.**

Summary of the study

The study was undertaken to determine the effectiveness of structured teaching on knowledge regarding breast feeding related problems and its management among post-natal mothers in selected hospital at Madurai. The study was conducted at Tallakullam Booma Hospital. The population of the study was postnatal mothers who are residing at selected area at Madurai. The sample 0f 60 postnatal mothers were selected by using non-probability purposive sampling technique. Data collection tools consisted of structured questionnaire to assess the level of knowledge. First the pre - test level of knowledge was assessed and after structured teaching programme was administered and post-test was conducted after same time. Data were analysed by using descriptive and inferential statistics.

The objectives of the study were

- ✓ To assess the pre- test knowledge score regarding breast feeding related problems among postnatal mothers.
- ✓ To assess the effectiveness of structured teaching programme on knowledge of postnatal mothers of breast feeding related problems and its and management.

- ✓ To find the association between pre-test knowledge score regarding breast feeding related problems and its management with their selected demographic variables.

The study tested and proved the hypotheses H1 that there is a significant improvement in the pre -test and post - knowledge of mother receives structured teaching.H2 that there is a significant relationship that exists between the knowledge score on breast feeding related problems and its management post-natal mothers.

The study was based on J.N.Kenny's open system model evoluatory approach used to conduct the study. The research design adopted for the present study was pre experimental in nature. Purposive random sampling technique was used for selection of samples. The data was collected for a period of one month from the mothers of Booma Hospital. The investigator rendered given structured teaching on breast feeding related problems and its management. Then they were assessed to test knowledge after a same time with the structured questionnaire.

Based on the objectives and hypotheses, the data were analyssed using both descriptive and inferential statistics.

Major findings of the study

Demographic characteristics of the study

- Out of demographic characteristics of post-natal mothers among 60, regarding age (25%) belongs to 18-22years of age, (28%) belongs to 23 to27years of age and (30%) belongs to28 to 32years of age.
- Regarding mother's educational status among 60, (0%) are illiterate, (36%) had primary school, (42%) had higher secondary, (22%) had Graduate and Above.
- Regarding mother occupation, among 60, (30%) are home maker, (15%) are coolie, (27%) belongs are private and (15%) government sector women, (13%) belongs to business.
- Regarding religion, among them (40%) belongs to Hindu, (27%) belongs to Christian, (33%) belongs to Muslim.
- Regarding type of family, (48%) are nuclear family,(52%) are joint family.

- Regarding family monthly income, among (10%) have up to Rs.>3000, (20%) have between Rs3001-5000, (37%) have Rs5001-8000, (8%) have Rs8001-10,000 (25%) have more than income of Rs10, 000.
- Postnatal mothers, pre- test knowledge score only,(61.7%) are having moderate score (20%) mother are having inadequate score (18.3%) mothers having adequate knowledge score. Post- test knowledge score only, (68.4%) are having moderate score (18.3%) mother are having inadequate score (13.3%) mothers having adequate knowledge score. The hypotheses **H1 was accepted** that the mother shows significant improvement in knowledge score.
- With regard to association of mothers knowledge with their education was 19.776, religion was 10.348, type of family was 27.85, and monthly income was 19.697type of delivery 35.912 which shows there was significant association exist between mothers knowledge score with their selected demographic variables. **Hence H2 were accepted.**

Conclusion

The following conclusions are drawn from the study,

H1: Post-natal mother shows significant difference between pre-test and post - test of the knowledge scores of post-natal mothers receive structured teaching on breast feeding related problems and its management.

Postnatal mothers, pre- test knowledge score only,(61.7%) are having moderate score (20%) mother are having inadequate score (18.3%) mothers having adequate knowledge score. Post- test knowledge score only, (68.4%) are having moderate score (18.3%) mother are having inadequate score (13.3%) mothers having adequate knowledge score. **The hypotheses H1 was accepted** that the mother shows significant improvement in knowledge score.

H2:Postnatal mothers shows significant association between the knowledge scores and selected demographic variables of mothers.

There was significant association exist between post-natal mother's knowledge on breast feeding related problems and its management with their selected demographic variables. **Hence H2 is accepted.**

Implications

The present study findings have several implications in hospital settings, nursing practice, nursing education, nursing research and nursing administration.

Nursing Practice

- Nurses must require adequate knowledge that would help to impart and improve the knowledge of post-natal mothers regarding birth process.
- The findings of the study enlighten the fact that administration of structured teaching programme can be used to reduce the mothers fear and anxiety and improve the positive coping strategies of breast feeding related problems and its management.

Nursing Education

- Structured teaching can be used by the student to imparting knowledge on breast feeding related problems and its management to the post-natal mothers in both urban and rural while giving health education.
- Nurse educator can prepare the nursing students a in order to give importance of teaching programme on breast feeding related problems and its management by using different educational and teaching Aids.

Nursing Research

The findings of the present study are helpful for the nursing professionals and nursing teachers to conduct further studies to find out the effectiveness of various methods of providing education on improving the knowledge of regarding breast feeding related problems and its management among post-natal mothers.

Nursing Administration

- Nurse administrator should take interest in motivating the nursing personnel to improve their professional knowledge, skill by attending the workshops, health conference, seminars and training programme on breast feeding problems and its management.
- Nurse administrator should arrange regular in-service education programme to the health care worker giving skill in teaching post-natal mothers on breast

feeding related problems and its management in both hospital and community settings.

Recommendations

- A similar study can be conducted using large population to generalize the findings.
- A comparative study can be done to assess the knowledge regarding breast feeding related problems and its management post-natal mothers.
- A further study can be conducted to assess the post-natal mother's knowledge and attitude towards breast feeding related problems and its management in hospital setting.
- A similar study can be conducted by using different health teaching module among postnatal mothers in hospital setting.

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APPENDICES.1

PART – A

TOOL

EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING IDENTIFICATION OF BREASTFEEDING RELATED PROBLEMS AND ITS MANAGEMENTS AMONG PRIMI POSTNATAL MOTHERS

DEMOGRAPHIC VARIABLES

Instructions : Please answer the following questions in the order and put tick in to the specific responses

1. **Sample no:**
2. **Age**
   a) 18-22 years
   b) 23-27 years
   c) 28-32 years
   d) 32and above.
3. **Education**
   a) Illiterate
   b) Primary school
   c) High school
   d) Graduate and above.
4. **Occupation**
   a) Home maker
   b) Coolie
   c) Private employee
   d) Government employee
   e) Business.
5. **Religion**
   a) Hindu
   b) Christian
   c) Muslim

6. **Type of family**
    a) Nuclear
    b) Joint
7. **Family income**
    a) >3,000
    b) 3,001-5,000
    c) 5,001-8,000
    d) 8,001-10,000
    e) Above – 10,000

OBSTETRICALVARIABLES:

1. **Type of delivery**
    a) Normal vaginal delivery
    b) LSCS
    c) Instruments delivery

2. **Type of feeding**
    a) Breast feeding
    b) Cow milk

3. **Obstetrical score**

a) Gravida	:	1	2	3	Above 3
b) Para	:	1	2	3	Above 3
c) Live birth	:	1	2	3	Above 3
d) Abortion	:	1	2	3	Above 3
e) Still birth	:	1	2	3	Above 3

4. **Food habits**
    a) Non- vegetarian
    b) Vegetarian.

SECTION C: ASSESSMENT OF KNOWLEDGE ON BREASTFEEDING

PART I: Question related to knowledge on breast feeding.

Instructions : Please answer the following questions in the order and put tick in to the specific responses

1. Which of the following milk is good for new born?

1. Cow's milk / Buffalo milk
2. Mothers milk
3. Artificial milk (lactogen).

2. What is colostrum?

1. Milk secreted within 3 days birth
2. Milk secreted in 3 weeks after birth
3. Milk secreted in 1 week after birth.

3. Why colostrum important for baby?

1. It is secreted more
2. It protects against microorganism
3. It is sweet in taste.

4. What are the compositions of breast milk?

1. Breast milk contains low carbohydrate
2. Breast milk contains protein
3. Breast milk contains adequate nutrients.

5. What are the benefits of feeding to mothers?

1. It contracts the uterus
2. It increases pain
3. It decreases the hormone oxytocin.

6. What are the benefits of breast feeding to milk?

1. It helps to suppress the immune system
2. It helps for optimal growth and development
3. It helps to reduce the weight.

7. What is exclusive breast feeding?

1. Providing fluids along with breast milk
2. Providing sugar water with breast milk
3. Providing only breast milk

8. Exclusive breast feeding to be given for?

1. 3 months
2. 6 months
3. 4 months.

9. What is the interval for giving breast feeding?

1. 2 to 3 hours or when the child cries
2. Based on mother convenience
3. Morning after noon evening and night.

10. Why to clean the breast before and after breast feeding?

1. To prevent infection
2. Increases secretion of milk
3. It comforts the mothers.

PART II: Questions related to knowledge on breast feeding problems and its management.

11. Effective sucking is favoured by?

1. Flat nipple
2. Protruded nipple
3. Dimpled nipple.

12. What is flat nipple?

1. Non protruded nipple
2. Nipple is drawn backwards
3. Crack across the nipple.

13. What is the management of flat nipple?

1. Application of emollient and pulling out the nipple
2. Application of warmth to the nipple
3. Putting the baby on sucking at the earliest.

14. What type of device is used for flat nipple?

1. Nipple shield
2. Application of oil
3. Breast massage.

15. The meaning of inverted nipple is?

1. Nipple drawn backwards
2. Swelling in the nipple
3. Crack in the nipple.

16. What is the management of the inverted nipple?

1. Massaging the nipple
2. Using syringe and drawing out
3. Application of oil to the nipple.

17. Sore nipple means?

1. Crack across the nipple
2. Pus discharge from the nipple
3. Redness in the nipple.

18. Which of the following is not a causefor sore nipple?

1. Improper positioning during breast feeding
2. Sudden removal of the baby from the breast
3. Increased frequency of feeding.

19. The main symptom of sore nipple?

1. Hardness of the nipple
2. Redness, edema and pain in the nipple
3. Tenderness in the nipple.

20. What are the management?

1. Reduce pressure on sore areas
2. Applying ice packs
3. Proper detachment of baby from breast.

21. Engorgement of the breast is called?

1. Continuous leakage of milk from breast
2. Abnormally small breast
3. Swelling and over fullness of the breast.

22. The main symptoms of breast engorgement is?

1. Tenderness and fullness of the breast
2. Redness and blisters on the breast
3. Infection in the breast

23. What is the management of breast engorgement?

1. Adequate rest
2. Hot compress
3. Application of oil and massage

24. What is mastitis?

1. Pus formation in the breast
2. Breast engorgement
3. Blockage to the ducts and infection

25. An important symptoms of mastitis is?

1. High grade fever and pain in the breast
2. Softness of the breast
3. Fluid formation in the breast.

26. A common cause of mastitis is?

1. Incomplete emptying of the breast
2. Poor hygiene
3. Sudden removal of baby from the breast.

27. Which of the following is important in the management of mastitis?

1. Proper consultation with physician
2. Discontinuing breast feeding
3. Applying warm water to the affected area.

28. What is breast abscess?

1. Pus formation in the breast
2. Infection
3. Formation of blocked ducts.

29. What is the management of breast abscess?

1. Breast massage
2. Incision and drainage
3. Breast pump

30. What is nipple thrush?

1. Crack in the nipple
2. Swelling in the nipple
3. Infection occurs in the nipple.

31. The important symptom of nipple thrush is?

1. Itching and burning sensation in the nipple
2. Discharge of pus form the nipple
3. Crack in the nipple.

32. What is milk leakage from the breast?

1. Leaking of fluid from the breast
2. Leaking of milk from breast
3. Leaking of pus from the breast.

33. What is the cause for milk leakage?

1. Blocked ducts
2. Inverted nipple
3. Long intervals between feeds.

34. Which of the following measure is useful in stopping leakage?

1. Demand feeding
2. Massaging the breast
3. Using breast feeding

35. Improper breast feeding leads to the following effects in the breast?

1. Tumour formation
2. Improving in health
3. Maintaining beauty.

ANSWER KEYS

S.No	Answer Keys	S.No	Answer Keys
1.	b	19.	b
2.	a	20.	a
3.	b	21.	c
4.	c	22.	a
5.	a	23.	b
6.	b	24.	c
7	c	25.	a
8.	b	26.	b
9.	a	27.	a
10	a	28.	a
11.	b	29.	b
12.	a	30.	c
13.	c	31.	a
14.	a	32.	a
15.	a	33.	c
16.	b	34.	a
17.	a	35.	a
18.	c		

APPENDICES.II

STRUCTURED TEACHING PROGRAMME

ON

FEEDING PROBLEMS AND MANAGEMENT

CENTERAL OBJECTIVE:

At the end of teaching the mothers will acquire the in depth knowledge regarding breast feeding problems and develop positive skills and attitude towards breast feeding problems and its management and apply this knowledge in practice.

SPECTIFIC OBJECTIVE:

The mothers will able to,

- define breast feeding
- discuss above the benefits of human milk
- explain about the breast feeding technique and positions
- list the common problems during lactation
- define flat nipple
- define sore nipple and list down the causes of sore nipple
- discuss about the management of sore nipple
- state the type of breast engorgement
- explain the management of blocked ducts
- list the causes and symptoms of mastitis
- briefly explain the management of mastitis
- list out the causes and clinical features of nipple thrush
- enumerate the management of nipple thrush
- list the measures to increase the milk production

TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHING AND LEARNER ACTIVITY	Ab.Aids	EVALUATION
2mins	Introduce the topic	**INTRODUCTION** Breast milk is widely acknowledged as the most complete from of nutrition for infants with a range of benefits for infants health, growth, immunity and development. Breast milk is a unique nutritional source that cannot adequately be replaced by any other food, including infant formula. Although pollutants can accumulate in breast milk, it remains superior to infant formula from the perspective of the overall health of both mother and child.	T - Introducing the topic L – Listening		
2mins	Define breast feeding	**BREAST FEEDING** Human milk is decidedly superior to other milk. It is remarkable adopted to the requirements of the infant and provides the best start in life. Exclusive breast feeding, therefore deserves encouragement at least for first 6 months and preferable for up to 2 years. When it is felt that the mother may not be able to supply enough of proteins from outside, she should be allowed to continue to breastfeed her baby even longer.	T – Defining L – Listening	LCD	What is breast feeding?
		COMPOSITION OF HUMAN MILK Human milk varies in its composition:- ➢ With the time of day.(e.g.) The fat content is lowest in the morning and highest in the afternoon. ➢ With the stage of lactation. (e.g.) the fat and protein content of colostrum is higher than in mature milk. ➢ In response to maternal nutrition. (e.g.) although the total amount of fat is not influenced by what the mother eats. ➢ Because of individual variations. **COLOSTRUM** Colostrum is the milk secreted during the first three days after delivery. It			What is all the composition present in human milk?

		is yellow and thick contains more antibodies and cells and high amounts of vitamins A, D, E and K.			
5mins	Discuss above the benefits of human milk.	**BENEFITS OF HUMAN MILK** There are well known and documented benefits to the breastfeeding mother. They are:- Increased bonding Act as contraceptive Uterine involution Weight loss Long-term health effects Economic factors.	T – Discussing L – Listening &taking notes	LCD	Tell about the benefits to the mothers because of giving breast milk to the baby?
		BENEFITS TO THE BABY During breast feeding nutrients and antibodies pass to baby while it helps to strengthen the maternal bond. There are many benefits to breast feeding. These include:- Ideal composition Proper nutrition Greater immunity Higher intelligence Long term health effects Fewer infections and allergies Easy availability Physiological adaptation.	T-Discussing L-Listening	LCD	Tell about benefits to the baby because of breast feeding?
		BREASTFEEDING TECHNIQUE Most mothers can successfully breastfeed. Same mother are a “high risk” for problems in breastfeeding. These include primipara mothers, those who are experienced problems in breast feeding in previous pregnancy, mother with problems like retracted nipple and mothers who have not been motivated to breastfeed. These mothers need help in the technique of breastfeeding.			

5mins	Explain about the breast feeding technique and positions.	**POSITIONS** The basic positions used for breast-feeding are the:- Football hold Cradle Side-lying positions. **DURATION OF BREAST FEEDING** The duration of breast feeding sessions is highly variable. The average time for feeding is 30 to 40 minutes or approximately 15 to 20 minutes per breast. Baby is feed from one breast completely so that the baby gets both the foremilk and the hind milk.	T-Explaining L-Listening and taking notes	LCD	What are all things involved in breast feeding technique and positions?
		AMOUND OF FEED The average requirement of milk is about 100 ml /kg/24hours on the third day and is increased to 150ml/kg/24hours on the 10^{th} day. However the baby can take as much as he wants.	T-Writing L-Taking notes	LCD	What is the average amount of milk required during the 3^{rd} day?
2mins	List the common problems during lactation.	**Common problems during lactation and their management** 1. Flat nipple 2. Inverted nipple 3. Sore and cracked nipple 4. Breast engorgement 5. Blocked ducts 6. Mastitis and breast abscess 7. Nipple thrush 8. Leakage 9. Not enough milk.			
		1.Flat nipple: Nipple is a guide to show where the baby has to take the breast. Nipple should be protractile for effective sucking. If a woman is able to pull out her nipple then it is called protractile nipple. A nipple which is	T – Defining L-Taking notes	LCD	What do you mean by a flat nipple?

2mins 3 min	define flat nipple define sore nipple and list down the	not protractile is called as flat nipple. **Management** • Reassure the mother that she can breastfeed normally. • The baby suckles from breast and not from nipple. • The nipple will improve during breastfeeding. • Put the baby for sucking in a good position as possible after delivery. **2. Inverted nipple:** It is a condition in which the nipple is drawn backwards, which makes the attachment to the breast difficult. **Management** ➢ Nipple should be manually stretched and rolled out several times a day. ➢ Breastfeeding with in first hours of birth. If it is not corrected then it should be treated with syringe method. **Procedure:** • Cut the nozzle end of the syringe. • Introduce piston from the cut end side. • Ask the mother to apply smooth side on the nipple and gently pull it out, and wait for a minute. • As the nipple protrudes into the syringe, slowly release the suction and put the baby to the breast. This helps the nipple to erect out and baby is able to suck in proper position. Doing like this each time over a period of few days will help to solve the problem. 3. **Sore and cracked nipple** Sore nipple is a condition in which there is a crack across the nipple or at the base of the nipple. **Causes** ✓ Nipple trauma caused by improper positioning.	T – Explaining L - Listening	LCD	List the causes of sore nipple?

	causes sore nipple.	✓ Inappropriate catch on. ✓ Short, flat or inverted nipple. ✓ Sudden removal of baby from the breast while sucking. ✓ Use of creams\oils that cause allergic reactions on the nipple. ✓ Use of nipple shields and prolonged exposure to wet nursing pads. **Symptoms:** ➢ Redness ➢ Edema ➢ Blisters ➢ Pain while feeding.			
2 min	discuss about the management of sore nipple	**Management:** ✓ Offer the least affected breast first. ✓ Express enough milk before breastfeeding to stimulate let down reflex. ✓ Change the position to reduce pressure on sore areas. ✓ Feeds on demand. ✓ After every feed, express a drop of milk, apply on nipple and areola and then air dry. ✓ Never use soap on breast or nipple.	T – Discussion L - Listening	LCD	What is the management of sore nipple?
2min	State the breast engorgement	**4. Breast engorgement** It is a common problems which results in swelling and over fullness of the breasts, usually occurs from three to seven days after delivery. **Causes** ➢ Delayed initiation of breastfeeding. ➢ Incomplete emptying of the breasts. ➢ Difficulty in attaching to the breast. ➢ Long intervals between feeds. **Signs and symptoms** ✓ Pain in the breasts. ✓ Tenderness and fullness in the breast.	T- Teaching L-Listening	LCD	What is breast engorgement?

2 min	explain the management of blocked ducts	✓ Breast becomes hard and warm. **Management** ✓ Apply warm, moist towel on the breast for 2- 5 minutes before breastfeeding. ✓ Express enough milk to soften theareola so that baby will be able to latch on more easily. ✓ Breastfeed on demand on a regular basis. ✓ Icepacks or cold compress should be used between feeding to reduce swelling and pain. ✓ Wear a well – fitting supportive bra for pain relief and to keep the ducts in an anatomical position. ✓ If the baby is not sucking, express the milk manually or by pump. **5. Blocked ducts:** If the baby does not suckle well on particular segment of the breast, the milk blocks the lactiferous duct leading duct. **Symptoms** ❖ Painful hard swelling in the breast. **Management** • Ensure that infant is sucking in good position. • Avoid anything that obstructs the flow of milk such as tight clothes. • Feed the child on demand and as long as infant is willing. • Apply warm compress over the breast. • Massage the breast using a firm movement of the thump over the lump towards the nipple. **6. Mastitis and breast abscess** If engorgement or blockage to the ducts continues, an infection may occurs. This is known as mastitis. It most commonly occurs within the first few weeks of feeding. **Causes** ✓ Poor drainage of milk.	T - Explaining L - Listening	LCD	Explain the management of blocked ducts?

3 min	list the causes and symptoms of mastitis	✓ Cracked or damaged nipple. ✓ Improper breast support. ✓ Poor hygiene. ✓ Engorgement. **Symptoms** ❖ Hardness, pain and swelling in the breast. ❖ Hardness often starts near to the nipple. ❖ A systemic manifestation like malaise, high grade fever, and chills.	T – Lecture/ discussion L – Listening and answering	LCD	What are the symptoms of mastitis?
3 min	briefly explain the management of mastitis	**Management** ✓ Proper emptying of the breast with maintenance of breastfeeding and manual expression after feeding. ✓ Continue breastfeeding, it helps to clear the infection and it is not harmful to the baby. ✓ Applying warm water to the affected area before feeding helps stimulate the letdown reflex. ✓ Apply ice packs covered in a piece of towel to the breast following feeding. It helps in relieving discomfort. ✓ Drink plenty of fluids. ✓ Take adequate rest. ✓ In case of severe symptoms, consult your doctor.	T – Explaining L – Listening	L C D	
		Breast abscess If mastitis is not treated it may lead into abscess or pus formation. It affects 5 – 10 % of women with mastitis. Abscess may appears on the surface of the skin or inside the breast. **Management** ✓ Breast feeding should be maintained and its is safe. ✓ If it is necessary to discontinue feeding on the affected breast, this breast should be regularly emptied and feeding should be maintained on the healthy breast. ✓ Drainage of the pus by surgical drainage or aspiration can also be done.	T – Explaining discussion L – Listening, clearing doubts	LCD	What is the breast abscess?

3 min 3 min	list out the causes and clinical features of nipple thrush enumerate the management of nipple thrush	**7. Nipple thrush** Nipple thrush is a very infection that occurs on the nipple and areola during breastfeeding. **Causes** ❖ It is caused by Candida albicans. ❖ It is the baby that transmits the infection. **Clinical features** • Itching and burning sensation in the nipple which persists after breastfeeding. • Shooting and radiating pain in the breast. • Red and shiny nipple. **Management** ❖ Maintain good hygiene and use separate towel. ❖ Continue breastfeeding. ❖ Both the mother and the baby must be treated. ❖ Topical application of clotrimazole\ miconazole. ❖ Apply the cream after each feeding and do not have to remove it before next feeding. **8. Leakage** Leakage is due to active oxytocin reflex. It commonly occurs when it is time for a feed, during extended intervals between feeds, and when mother has loving thoughts about her baby. **Management** Although it is difficult to stop leakage the following measures may help; ❖ Reassure the mother. ❖ Frequent sucking, which helps in decreasing the leakage. ❖ Expressing the milk helps to prevent leakage.	T – Discussion L – Listening T – Lecture/ discussion L – Clearing doubt	LCD LCD	What are the causes of nipple thrush? What are the management of nipple thrush?

2 min	list the measures to increase the milk production summarizing the topic	**9.Insufficient milk / poor milk supply** May mother's complaint that they do not have sufficient milk. It is one of the commonest reasons for introducing supplementary milk. **Causes** • Lack of confidence. • Not breastfeeding frequently. • Too short or hurried breastfeeding. • Early stopping of might feeds. **Symptoms (indications of insufficient milk)** ❖ Infant does not feel satisfied after feeding. ❖ Cries a lot. ❖ Wants to feed frequently. ❖ Takes very long feeding and does not gain weight properly (< 20 gm / day) ❖ Thenumber of wet diapers are less than 6 – 8 / day. ❖ Infrequent bowel movement. ❖ Hard, dry and small amount of stools. **To increase the milk production** ✓ Improve latch on. ✓ Increase the frequently of feeding. ✓ Offer both breasts in each breastfeeding. ✓ Allow the infant to empty the breasts completely. ✓ Eat a balanced diet. ✓ Drink enough fluids. ✓ Take rest. **SUMMARY** In two sessions we have discussed about the structure and functions of breast, the common breastfeeding problems faced by mothers, the like breast engorgement, mastitis, breast abscess, nipple thrush, sore nipple, inverted nipple, and poor milk production. We have discussed the causes, symptoms and its management.	T – Explaining and discussion L – Listening	L C D	What measures can be taken to improve milk production?

1 min	clarifying the topic	**RECAPTUALIZATION** Clarification of doubts. **SUMMATIVE EVALUATION** 1 Describe the structure of the breast? 2 Explain the physiology of lactation? 3 List down the common problems during lactation? 4 Define flat nipple? 5 State the type of breast engorgement? 6 Enumerate the management of nipple thrush?			
1 min	concluding the topic	**CONCLUTION** The above advices help to the problems during early postnatal period which will help promote, protect and support the breast feeding practices. It also in promoting the health of the mothers and the child.	Concludes the topic		

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APPENDICES.III

சமுதாயப் பொதுப்பள்ளி விபரப்பட்டியல்

1.மாதிரி எண்;

2.வயது

a) 18-22
b) 23-27
c) 28-32
d) 32-வயதிற்கு மேல்

3.கல்வித்தகுதி

a) படிப்பறிவின்மை
b) துவக்கக்கல்வி
c) உயர்கல்வி
d) பட்டதாரி மற்றும் இதர படிப்பு

4.தொழில்

a) இல்லத்தரசி
b) கூலி
c) தனியார்
d) அரசு பணியாளர்
e) சுயதொழில்

5.மதம்

a) இந்து
b) கிறிஸ்தவர்
c) முஸ்லிம்

6.குடும்பவகை

a. தனிக்குடும்பம்
b. கூட்டுக்குடும்பம்

7.குடும்ப மாத வருமானம்

a) 3000-ற்க்கு குறைவு
b) 3001-5000
c) 5001-8000
d) 8001-10,000
e) ரூ.10,000-ற்கும் அதிகம்.

மகப்பேறு விபரப்பட்டியல்

1. பிரசவமுறை

a) சுகபிரசவம்
b) அறுவைசிகிச்சை
c) ஆயுதம் மூலம் குழந்தையை எடுத்தல்

2.பாலூட்டும் வகைகள்

a) தாய்ப்பால்
b) பசும்பால்

3. மகப்பேறு அளவீடு

a) கருத்தலின் எண்ணிக்கை : 1 2 3 அதற்கு மேல்
b) பிள்ளைப்பேறு எண்ணிக்கை : 1 2 3 அதற்கு மேல்
c) குழந்தையின் எண்ணிக்கை : 1 2 3 அதற்கு மேல்
d) இறந்து பிறந்த குழந்தையின் எண்ணிக்கை : 1 2 3 அதற்கு மேல்
e) கருசிதைவு எண்ணிக்கை : 1 2 3 அதற்கு மேல்

4. உணவு வகை

a) அசைவம்
b) சைவம்

பிரிவ்சி- தாய்ப்பாலின் அறிவுதிறன் மதிப்பீடுகள்

பகுதிஅ:தாய்ப்பால் தொடர்பானஅறிவினைச் சோதிக்கும் வினாக்கள்

1. **கீழ்வருவனவற்றில் பிறந்தகுழந்தைக்குஏற்றபால் எது?**
அ) பசும்பால் ∴ எருமைப்பால்
ஆ) தாய்ப்பால்
இ) செயற்கைமுறையில் தயாரிக்கப்பட்டபால் (லேக்டோஜென்)

2. **சீம்பால் என்றால் என்ன?**
அ) குழந்தைபிறந்து 3 நாட்களுக்குள் சுரக்கும் தாய்ப்பால்
ஆ) குழந்தைபிறந்து 3 வாரங்களுக்குபிறகுசுரக்கும் பால்
இ) குழந்தைபிறந்த 1 வாரத்திற்குப் பிறகுசுரக்கும் பால்

3. **சீம்பாலைகுழந்தைக்குகொடுப்பதன் முக்கியத்துவம் என்ன?**
அ) சீம்பால் அதிகஅளவில் சுரப்பதால்
ஆ) சீம்பால் குழந்தைகளைகிருமிகளிடம் இருந்துபாதுகாப்பதால்
இ) சீம்பாலில் இனிப்புசுவை இருப்பதால்

4. **தாய்ப்பாலில் அடங்கியுள்ள மூலப்பொருட்கள் யாவை?**
அ) தாய்ப்பாலில் குறைந்தஅளவுகார்போஹைட்ரேட் உள்ளது
ஆ) தாய்ப்பாலில் புரதம் மட்டும் உள்ளது
இ) தாய்ப்பாலில் குழந்தையின் வளர்ச்சிதேவையானஅனைத்துஊட்டச்சத்துக்களும் அடங்கியுள்ளது.

5. **தாய்ப்பாலினால் தாய்க்குஏற்படும் நன்மைகள் யாவை?**
அ) கர்ப்பப்பைசுருக்கத்திற்குஉதவுகிறது
ஆ) வலிஅதிகரிக்கச் செய்கிறது
இ) ஆக்ஸிடோசின் என்னும் ஹார்மோன்கள் சுரப்பைப் குறைக்கிறது

6. **குழந்தைக்குதாய்ப்பாலினால் ஏற்படும் நன்மைகள் யாவை?**
அ) நோய் எதிர்ப்புசக்தியைகுறைப்பதற்குஉதவுகிறது
ஆ) குழந்தையின் வளர்ச்சிமற்றும் அபிவிருத்திக்குஉதவுகிறது
இ) குழந்தையின் எடையைக் குறைக்கஉதவுகிறது

7. **பிரத்தியேகமாகதாய்ப்பால் புகட்டுவதுஎன்றால் என்ன?**
அ) குழந்தைக்குதாய்ப்பாலுடன்,நீர் மட்டும் புகட்டுதல்
ஆ) குழந்தைக்குதாய்ப்பாலுடன் தண்ணீர் மட்டும் புகட்டுதல்
இ) குழந்தைக்குதாய்ப்பால் மட்டும் புகட்டுதல்

8. **குழந்தைக்குஎத்தனைமாதம் வரைபிரத்தியேகமானதாய்ப்பால் ஊட்டவேண்டும்?**
அ) 3 மாதங்கள் வரை
ஆ) 6 மாதங்கள் வரை
இ) 4 மாதங்கள் வரை

9. **பால் ஊட்டுவதற்கான இடைவேளைகள் எவ்வளவு?**

அ) 2 அல்லது 3 மணிநேரத்திற்குஒருமுறை ∴ குழந்தைஅழும்பொழுது

ஆ) தாயின் வசதிக்குஏற்ப

இ) காலை,மதியம்,மாலைமற்றும் இரவு

10. **பால் கொடுப்பதற்குமுன்பும் பின்பும் மார்பகத் தூய்மையின் முக்கியத்துவம் என்ன?**

அ) நோய் தொற்றிலிருந்துபாதுகாக்க

ஆ) பால் நன்றாகச் சுரக்கஉதவுகிறது

இ) தாயினைநல்லநிலையில் வைக்கஉதவுகிறது

பகுதிஆ : தாயப்பால் பிரச்சனைகள் மற்றும் சிகிச்சைமுறைதொடர்பானஅறிவினைசோதிக்கும் வினாக்கள்

11. **பாலூட்டுவதற்குஏதுவானமுலைக்காம்புஎது?**

அ) தட்டையானமுலைக்காம்பு

ஆ) நீண்டமுலைக்காம்பு

இ) உள்நோக்கியமுலைக்காம்பு

12. **தட்டையானமார்பகமுலைக்காம்புஎன்றால் என்ன?**

அ) சமமானமார்பககாம்பு

ஆ) முலைக்காம்புபின்நோக்கி இருப்பது

இ) முலைக்காம்புபிளவுஏற்படுதல்

13. **தட்டையானமுலைக்காம்பிற்கானசிகிச்சைமுறைஎது?**

அ) எண்ணெய் தடவிமுலைக்காம்பினைவெளியே இழுப்பதன் மூலமாக

ஆ) முலைக்காம்பில் ஒத்தடம் கொடுப்பதன் மூலமாக

இ) பிறந்தவுடனேதாய்ப்பாலைஉறிஞ்சுதல்

14. **தட்டையானமுலைக்காம்பினைசரிசெய்யஉதவும் கருவிஎது?**

அ) முலைக்காம்புகவசம்

ஆ) எண்ணெய் தடவுதல்

இ) மார்பகமசாஜ்

15. **உள்வாங்கியமுலைக்காம்புஎன்றால் என்ன?**

அ) முலைக்காம்புபின்நோக்கி இருப்பது

ஆ) முலைக்காம்புவீக்கம் ஏற்படுவது

இ) முலைக்காம்புபிளவுஏற்படுவது

16. **உள்வாங்கியமுலைக்காம்பிற்கானசிகிச்சைமுறைஎது?**

அ) முலைக்காம்பைதேய்த்துவிடுதல்

ஆ) சிரிஞ்ஜ் முறை மூலம் முலைக்காம்பைவெளிஇழுத்தல்

இ) எண்ணெய் தடவுதல்

17. **முலைக்காம்பில் புண் என்றால் என்ன?**
    அ) முலைக்காம்பில் பிளவுஏற்படுதல்
    ஆ) முலைக்காம்பில் இருந்துசிம் வடிதல்
    இ) முலைக்காம்புசிவந்தநிறமாககாணப்படுதல்
18. **இவற்றில் மார்பகமுலைக்காம்பில் புண் வரகாரணமாகஅமைவதுஎது?**
    அ) முறையற்றநிலையில் பாலூட்டுதல்
    ஆ) அதிகநேரம் தொடர்ந்துதாய்ப்பால் கொடுத்தல்
    இ) மார்பகத்திலிருந்துகுழந்தையைதிடீர் என்றுநீக்குதல்
19. **மார்பகமுலைக்காம்பில் ஏற்படும் புண்ணின் அறிகுறிகள் யாவை?**
    அ) கடினதன்மையுடன் கூடியமுலைக்காம்பு
    ஆ) சிவந்த,வீங்கியமற்றும் வலியுடன் கூடியமுலைக்காம்பு
    இ) முலைக்காம்பில் வலியுடன் கூடியவீக்கம் ஏற்படுதல்
20. **மார்பகமுலைக்காம்பில் புண்ணிற்கானசிகிச்சைமுறைகள் யாவை?**
    அ) புண் உள்ளபகுதியில் அழுத்தம் ஏற்படுவதைகுறைத்திட
    ஆ) ஐஸ் ஒத்தடம் கொடுத்தல்
    இ) குழந்தைமார்பகத்திலிருந்துசரியானமுறையில் விலக்கவேண்டும்
21. **மார்பகத்தில் பால் கட்டுதல் என்றால் என்ன?**
    அ) மார்பகத்திலிருந்துதொடர்ச்சியாகபால் வெளியேறுதல்
    ஆ) சுருங்கியமார்பகம்
    இ) மார்பகம் வீக்கமாகவும் மற்றும் வலியுடன் கூடியமார்பகம்
22. **மார்பகத்தில் பால்கட்டுதலின் அறிகுறிகள் யாவை?**
    அ) தொட்டால் வலிக்கும் தன்மையுடன் கூடியமார்பகம்
    ஆ) கொப்பளங்கள் மற்றும் சிவந்தநிறமாகமார்பகம் காணப்படுதல்
    இ) மார்பகத்தில் நோய் தொற்றுகாணப்படுதல்
23. **மார்பகத்தில் பால் கட்டுவதைதடுக்கும் வழிமுறைஎது?**
    அ) ஓய்வுஎடுத்தல்
    ஆ) சூடு நீரில் ஒத்தடம் கொடுத்தல்
    இ) எண்ணெய் தடவிமசாஜ் செய்தல்
24. **மார்பகவீக்கநோய் என்றால் என்ன?**
    அ) மார்பகத்தில் சீழ் உருவாகுதல்
    ஆ) மார்பகத்தில் பால் கட்டுதல்
    இ) மார்பகத்தில் நோய் தொற்றுமற்றும் நாளங்களில் அடைப்புஏற்படுதல்
25. **மடிவீக்கநோயின் முக்கியஅறிகுறிகள் யாவை?**
    அ) அதிககாய்ச்சல் மற்றும் வலியுடன் கூடியமார்பகம்
    ஆ) லேசானதன்மையுள்ளமார்பகம்
    இ) மார்பகத்தில் நீர் உருவாகுதல்

26. **மடிவீக்கத்தின் பொதுவானகாரணங்கள் யாவை?**

அ) தாய்ப்பாலைமுழுமையாககுழந்தைக்குபுகட்டாமை

ஆ) மோசமானசுகாதாரம்

இ) குழந்தையைமார்பகத்திலிருந்துதிடீர் என்றுநீக்குதல்

27. **மடிவீக்கநோயிற்கானசிகிச்சைமுறை?**

அ) மருத்துவரின் முறையானஆலோசனையைப் பெறுதல

ஆ) தாய்ப்பாலைகொடுப்பதைநிறுத்துதல்

இ) நோய் தொற்றுஏற்பட்ட இடத்தில் ஒத்தடம் கொடுத்தல்

28. **மார்பகத்தில் சீழ் கட்டுதல் என்றால் என்ன?**

அ) மார்பகத்தில் சலம் உருவாகுதல்

ஆ) நோய் தொற்றுஏற்படுதல

இ) தடைப்பட்டநாளம் உருவாகுதல்

29. **மார்பகத்தில் சீழ் கட்டுதலுக்குசிகிச்சைமுறைஎது?**

அ) மார்பகமசாஜ

ஆ) சலத்தைவெளியேற்றுதல்

இ) மார்பகபம்பைபயன்படுத்துதல்

30. **முலைக்காம்புவெண்புண் என்றால் என்ன?**

அ) முலைக்காம்பில் பிளவுஏற்படுதல்

ஆ) முலைக்காம்பில் வீக்கம் ஏற்படுதல்

இ) முலைக்காம்பில் நோய் தொற்றுஏற்படுதல்

31. **முலைக்காம்புவெண்புண்ணின் முக்கியஅறிகுறிகள் யாவை?**

அ) முலைக்காம்பில் ஏற்படும் அரிப்புமற்றும் எரிச்சல்

ஆ) முலைக்காம்பிலிருந்துசீழ் வெளியேறுதல்

இ) பிளவுப்பட்டமுலைக்காம்பு

32. **பால் கசிவுஎன்றால் என்ன?**

அ) மார்பகத்திலிருந்துசுரக்கும் பால் வெளியேறுதல்

ஆ) மார்பகத்திலிருந்துநீர் வெளியேறுதல்

இ) மார்பகத்திலிருந்துசலம் வெளியேறுதல்

33. **பால் கசிவுஏற்படுவதின் காரணம் என்ன?**

அ) மார்பகநாளங்களில் அடைப்புஏற்படுதல்

ஆ) உள்வாங்கியமுலைக்காம்பு

இ) நீண்ட இடைவெளியில் தாய்ப்பாலூட்டுதல்

34. **பின்வருவனவற்றில் பால் கசிவுதடுத்துநிறுத்துவதின் முறைஎது?**

அ) குழந்தைஅழும்பொழுதெல்லாம் தாய்ப்பால் ஊட்டுதல்

ஆ) மார்பகமசாஜ்

இ) மார்பகபம்புஉபயோகப்படுத்துதல்

35. **தாய்ப்பால் சரியாகக் கொடுக்காததினால் ஏற்படும் நன்மைகள் யாவை?**

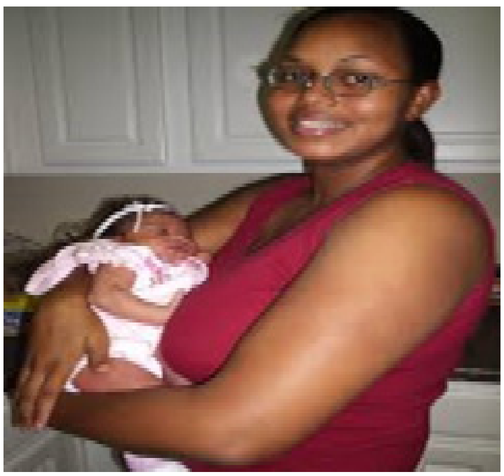
அ) மார்பகக் கட்டிஉருவாகுதல்

ஆ) அழகைப் பாதுகாத்தல்

இ) உடல் நலம் அதிகரித்தல்

APPENDICES. IV

தாய்ப்பால் கொடுக்கும் பொழுது ஏற்படும் மார்பகப் பிரச்சினைகள்மற்றும் கவனிக்க வேண்டிய முறைகள்



தாய்ப்பால் கொடுக்கும் பொழுது ஏற்படும் மார்பகப் பிரச்சினைகள் மற்றும் கவனிக்க வேண்டிய முறைகள்

முன்னுரை

தற்போதைய சமூகத்தில், பெண்கள் தாய்ப்பாலை பற்றி அறிந்து கொள்வது மிகவும் அவசியம். தாய்ப்பால் என்பது குழந்தைகளுக்கென்றே முழுமையாகஅற்பணிக்கப்பட்ட தலைசிறந்த உணவாகும். தாய்ப்பால் ஊட்டுவதின் மூலம் குழந்தைகளுக்கு நோய் எதிர்ப்பு சக்தியும், அபிவிருத்தி வளர்ச்சியையும் ஏற்படுத்துகிறது. தாய்ப்பால் ஒரு ஊட்டமுள்ள உணவு ஆகும். இதை எந்த இணை உணவுக்கு ஈடாக ஒப்பிட முடியாது. இருப்பினும் சில விதமான பிரச்சினைகள் தாய்மார்களுக்கு ஏற்படுகின்றன. இதனால் ஏற்படும் பின்விளைவுகளை பற்றி தெரிந்து கொள்வதின் மூலம் அவற்றை குணப்படுத்தலாம்.

தாய்ப்பால் கொடுக்கும் முறை

சுகப்பிரசவமாகவோ அல்லது அறுவை சிகிச்சை மூலமாகவோ எப்படி பிறந்தாலும் ஒரு மணிநேரம் கழித்து தாய்ப்பால் கொடுக்கலாம். தாய் நன்றாக தளர்த்தி அமர்ந்து குழந்தையை தன் அருகில் பிடித்துக் கொள்ள வேண்டும். குழந்தை தானாகவே உறிஞ்சி குடிக்க ஆரம்பித்துவிடும். தாய்மார்கள் குழந்தைகளுக்கு பாலூட்டும் போது சரியான முறையில் அமர்ந்து பாலூட்ட வேண்டும். பின்னர் தாய் குழந்தையின் முதுகில் தடவிக் கொடுக்க வேண்டும்.

கொலஸ்ட்ரம் என்னும் சீம்பால்

தாய்க்கு முதலில் சுரக்கும் பால் கெட்டியாக மஞ்சள் நிறத்தில் இருக்கும். இந்த பால் மிகவும் சத்துள்ளது. குழந்தையை தொற்று நோய்களிலிருந்து காக்கும் 3-4 நாட்களுக்குப் பிறகு இயல்பான நிலையுள்ள பால் உண்டாகும்.

கால அளவு

முதலில் சில நாட்களுக்கு குழந்தையின் பசிக்கேற்ப கால நேரமின்றி பால் கொடுக்க வேண்டும்.சரியாக, பால் உறிஞ்சும் குழந்தைகள் 80 முதல் 90% பாலை ஒவ்வொரு மார்பகத்திலிருந்து 3 முதல் 4 நிமிடங்களில் உறிஞ்சும்.குழந்தை மார்பகத்தில் உறிஞ்ச, உறிஞ்சத்தான் அதிகம் பால் சுரக்கும். ஒரு நாளைக்கு 8 முதல் 10 முறை அல்லது குழந்தையின் தேவைக்கேற்ப அதிக முறைகளுக்கு தாய்ப்பால் கொடுக்கலாம். முதல் மாதத்தில் குழந்தை 2,3 மணி நேரத்திற்கு தாய்ப்பால் புகட்டலாம். அதன் பின்னர் குழந்தை 4 மணி நேரத்திற்கு ஒருமுறை பால் புகட்டலாம்

குழந்தைக்கு பால் கொடுத்தவுடன் குழந்தையினை தோள்மீது போட்டு முதுகை தடவிக் கொடுத்தால் குழந்தைக்கு ஏப்பம் வரும்.

தாய்ப்பாலின் நன்மைகள்

- தாய்ப்பால் கிருமிகளால் பாதிப்பில்லாதது சுகாதாரமானது சுத்தமானதாக உள்ளது.
- தாய்ப்பால் செலவில்லாதது.
- தாய்ப்பால் தாய்க்கும், சேய்க்கும் இடையே ஆழமான அன்பை வளர்க்கிறது.
- தாய்ப்பால் தயார் செய்ய முன்னேற்பாடு இல்லாததால் நேரம் வீணாகுவதில்லை.
- தாய்ப்பால் குழந்தையை தொற்று நோய்களிலிருந்து காக்கும் எதிர்ப்பு சக்தி கொண்டது.

தாய்ப்பால் கொடுக்கக் கூடாத நிலை

- தாய்க்கு காசநோய், முலை வீக்கம், வலிஉள்ளவர்கள் தவிர்க்க வேண்டும்.
- தாய்க்கு உடல்நிலை மிகவும் பலவீனமாக இருந்தால் தவிர்க்க வேண்டும்.

மார்பகங்களின் பாதுகாப்பு

மார்புக் காம்புகளை சுத்தமான நீரில் எப்பொழுதும் போல் கழுவவும். குழந்தைக்கு பால் கொடுக்கும் முன்னர் முலைக்காம்புகளை வெந்நீரில் கழுவலாம் அல்லது சிறுதுளி பாலை ஒரு பஞ்சில் பிழிந்துவிட்டு பால் கொடுக்க ஆரம்பிக்கலாம். முலைக்காம்பு கவிழ்ந்த நிலையில் இருந்தால் நிப்பிள் ஷீல்டு உபயோக்கலாம் இது சாதாரணமாக எல்லா கடைகளிலும் கிடைக்கும்.

தாய்ப்பாலூட்டும் தாய்மார்கள் உட்கொள்ளும் உணவு வகைகள்

தாய்ப்பால் கொடுப்பவர் எப்பொழுதையும் விட ஊட்டச்சத்து அதிகம் உள்ள உணவை உண்ண வேண்டும். சத்துள்ள எந்த உணவை உண்டாலும் தாயக்கு பால் சுரக்கும். உதாரணத்தில் இரும்புச்சத்து மற்றும் புரதச்சத்து நிறைந்த உணவுகளை உண்ண வேண்டும். பழ வகைகள் மற்றும் கீரை

வகைகள் உணவில் அதிக அளவு உட்கொள்ள வேண்டும். இவை அனைத்துமே சத்துள்ள பால் சுரக்கும் தன்மை பெற்றவை.

தாய்ப்பால் ஊட்டும் பெண்மணிக்கு தெரிய வேண்டியவை

- ✓ தாய்ப்பால் கொடுப்பவர் மார்பகத்திற்கு நன்கு பொருந்தும் உள் ஆடையை அணிய வேண்டும்.
- ✓ மருத்துவரின் ஆலோசனையின்றி மருந்துகள் உட்கொள்ளக்கூடாது. ஏனெனில் சில மருந்துள் தாய்ப்பால் வழியாக குழந்தைக்கு சேரும்.

குழந்தையின் உணவு

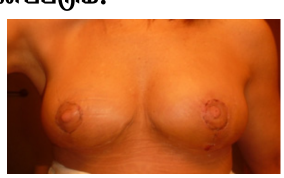
குழந்தைக்கு முதல் 3 மாதங்களுக்கு தாய்ப்பால் போதுமானது. எனினும் இடையிடையே கொஞ்சம் வெந்நீர் கலந்த காரட் மற்றும் ஆப்பிள் சாரும் கொடுத்தால் நல்லது. பின்னர் காய்கறி சாரும் மற்றும் உருளைக் கிழங்கு, வேக வைத்த பருப்பு வகைகள் கொடுப்பது நல்லது.

தாய்ப்பால் கொடுக்கும் நேரத்தில் ஏற்படும் பொதுவான பிரச்சினைகள்

1. தட்டையான மார்பக காம்பு
2. உள் குழிந்த மார்பக காம்பு
3. புண் மற்றும் பிளவுபட்ட மார்பக காம்பு
4. மார்பக இரத்த நாள வீக்கம் (மார்பு கட்டுதல்)
5. தடுக்கப்பட்ட நாளங்கள்
6. மடி பக்க நோய் மற்றும் மார்பில் சலம் கட்டுதல்
7. மார்பக முலைக்காம்பில் வெண்புண்
8. பால் வடிதல் (சொட்டுதல்)
9. போதுமான அளவு பாலின்மை

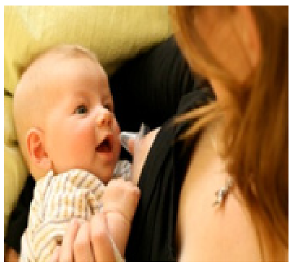
(1)தட்டையான மார்பக காம்பு

குழந்தை பால் எடுத்துக் கொள்வதற்கு மார்பக காம்பு வெளிவந்த நிலையில் இருக்க வேண்டும்.இவ்விதமான மார்பககாம்பு மார்பகத்தை ஒட்டி சமமான நிலையில் காணப்படும்.



கவனிக்க வேண்டிய முறை

- தாய்மார்கள் தாய்ப்பாலை கொடுக்க அறிவுறுத்த வேண்டும்.
- பாலூட்டும் போது குழந்தைக்கு மார்பக காம்பிலிருந்து பால் ஊட்ட வேண்டும்.
- குழந்தை பிறந்த உடனே தாய்ப்பாலை எடுத்துக் கொள்ளும் நிலையில் வைக்க வேண்டும்.
- குழந்தைக்கு பாலூட்டும் போது பால் வரவில்லை என்றால் நிப்பிள் ஷீல்டு பயன்படுத்தி குழந்தைக்கு பாலுட்ட வேண்டும்.



2) உள் குழிந்த மார்பக காம்பு

இந்நிலையில் மார்பகக்காம்பு உள் குழிந்த நிலையில் காணப்படும். இதனால் குழந்தைக்குத் தாய்ப்பாலூட்டுவதற்கு சிரமமாக காணப்படும்.

கவனிக்க வேண்டிய முறை

- ➢ தினமும் பலமுறை மார்பக காம்பினை பிடித்து விரித்து வட்டமாக சுற்ற வேண்டும்.
- ➢ குழந்தை பிறந்த ஒரு மணி நேரத்தில் தாய்ப்பாலை கொடுக்க வேண்டும்.
- ➢ பின்னர் மார்பக காம்பு வெளிவரவில்லை என்றால் ஸ்சிரிஞ்சு முறையின் மூலம் வெளியே எடுக்க வேண்டும்.

செய்முறை

'ஸ்சிரிஞ்சு சிகிச்சை முறை

- ❖ ஸ்சிரிஞ்சு ஊசி முனையை சிறிதளவு வெட்டி அவற்றின் பிஸ்டனை மறுமுனையில் இணைக்கவேண்டும்.
- ❖ மென்மையான ஸ்சிரிஜின் மறுமுனையை மார்பகத்தில் இணைத்து மெதுவாக வெளியே இழுக்க வேண்டும். அதன் பிறகு ஒரு மணி நேரம் காத்து இருக்க வேண்டும்.

- ❖ இப்பொழுது மார்பக காம்பு வெளிவந்த உடனே குழந்தையை மார்பு பகுதியின் அருகில் சவைக்க வைக்க வேண்டும்.
- ❖ இவற்றின் மூலம் மார்பக காம்பு முழுவதுமாக வெளியேறுகிறது.
- ❖ இந்த முறை தொடர்ந்து செய்வதின் மூலம் இந்த பிரச்சினையை சரிசெய்யலாம்.

3) புண் மற்றும் பிளவுபட்ட மார்பக காம்பு

மார்பக காம்பினை சுற்றியும் அல்லது அடிப்பகுதியிலே பிளவுபட்ட மார்பகக் காம்பு அல்லது புண் காணப்படும். இந்த நிலை தான் புண் மற்றும்பிளவுபட்ட மார்புகாம்பு எனப்படும்

காரணங்கள்

- ✓ தாய்ப்பால் கொடுக்கும் போது சீரற்ற நிலையில் அமர்வதால் மார்பக காம்பில் காயம் ஏற்படுதல்.
- ✓ ஒழுங்கான முறையில் குழந்தையை பிடிக்காததால்.
- ✓ குறுகிய தட்டையான உள்குழிந்த மார்பக காம்பு.
- ✓ திடீரென குழந்தையை மார்பக காம்பிலிருந்து வெளிஅகற்றுவதன் மூலம் ஏற்படுகிறது.
- ✓ கீரிம்கள் மற்றும் எண்ணெயை பயன்படுத்துவதால்.
- ✓ மார்பக காம்பு கவசம் அல்லது ஈரமான பஞ்சு பட்டையை பயன்படுவதின் மூலம் ஏற்படுகிறது.

அறிகுறிகள்

- ✓ சிவத்தல்
- ✓ மார்பகத்தில் நீர் வீக்கம்
- ✓ கொப்பளங்கள்
- ✓ பாலூட்டும் போது வலி

கவனிக்க வேண்டிய முறை

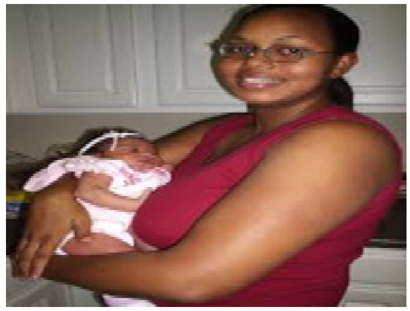
- ✓ கோட் டவுன் நிப்பிளஸ் ஊக்கப்படுத்தவற்காக பாலூட்டும் போது தேவையான பாலை வெளிப்படுத்த வேண்டும்.
- ✓ புண் ஏற்பட்டுள்ள பகுதியில் அழுத்தம் குறைப்பதற்காகவே இடத்தை மாற்றிக் கொள்ள வேண்டும்.
- ✓ குழந்தைக்கு தேவைப்படும் போதெல்லாம் பாலூட்ட வேண்டும்.
- ✓ ஒவ்வொரு முறை பாலூட்டும் போது ஒரு துளி பாலை எடுத்து மார்பக காம்பு மற்றும் மார்பக காம்பினை சுற்றியுள்ள பகுதியில் தடவி பின்பு காற்றில் உலரப்படுத்த வேண்டும்.
- ✓ ஒரு போதும் மார்பு மற்றும் மார்பக காம்பில் சோப் பயன்படுத்த கூடாது.

4)மார்பக இரத்த நாள வீக்கம் (மார்பு கட்டுதல்)

கனத்துடன் கூடிய மார்பக வீக்கத்தினையே மார்பு கட்டுதல் என்கிறோம். இவை பொதுவாக குழந்தை பிறந்ததிலிருந்து மூன்று மற்றும் ஏழு நாட்கள் வரை காணப்படும். இது தான் மார்பு கட்டுதல் அல்லது மார்பக இரத்த நாள வீக்கம் என அழைக்கிறோம்.

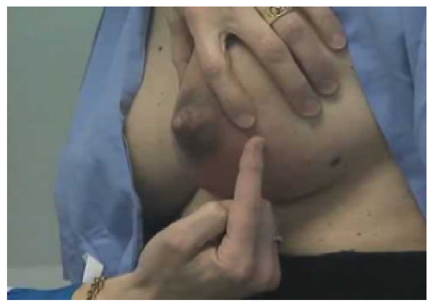
காரணங்கள்

- தாய்ப்பால் ஊட்டுதலை தாமதப்படுத்துவதால்
- அறை குறையாக தாய் பாலூட்டுதல்
- நீண்ட இடைவெளியில் பாலூட்டுதல்



அறிகுறிகள்

- ❖ மார்பகங்களில் வலி
- ❖ வலியுடன் கூடிய கனமான மார்பகம்
- ❖ கடினமான மற்றும் சூடான மார்பகம்

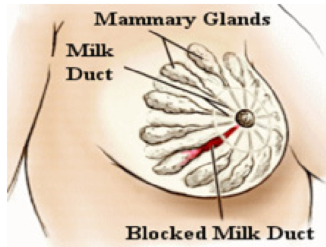


கவனிக்க வேண்டிய முறை

- ✓ இரண்டிலிருந்து ஐந்து நிமிடம் பாலூட்டுவதற்கு முன்பு மிதமான சூட்டுடன் கூடிய துண்டை மார்பகத்தின் மீது போட வேண்டும்.
- ✓ மார்பகத்தில் கட்டியிருக்கும் பாலை பீச்சி எடுத்துக் கொள்ள வேண்டும். பின்னர் அந்த பகுதியை மென்மை அடைய செய்ய வேண்டும்.
- ✓ அதற்கு பின்னர் குழந்தைக்கு தாய்பாலூட்ட வேண்டும்.
- ✓ தொடர்ந்து தவறாமல் தாய்ப்பாலை கொடுக்க வேண்டும்.
- ✓ தாய்ப்பால் கொடுப்பதின் இடையில் வலி மற்றும் வீக்கம் இருந்தால் ஐஸ் கட்டி அல்லது குளிர்ந்த நீரால் ஒத்தடம் கொடுக்க வேண்டும்.
- ✓ மார்பக வலியை குறைப்பதற்கும் மற்றும் அவற்றை சரி செய்வதற்கு சரியான அளவு உள்ளாடையை பயன்படுத்த வேண்டும்.
- ✓ குழந்தை தாய்ப்பாலை சரியான முறையில் சவைக்கவில்லை என்னால் தாய்ப்பாலை செயற்கையான முறையில் அல்லது ஸ்சிரிஸ்சு மூலம் வெளியே எடுக்க வேண்டும்.

5) தடைப்பட்ட குழாய்கள்

குழந்தை சரியாக தாய்ப்பாலை குடிக்கவில்லை என்றால் பால் சுரக்கிறது இல்லை என்பதாகும். இதுவே பால் சுரக்கும் நாளங்களில் அடைப்பு ஏற்படுகிறது



அறிகுறிகள்

- வலி மற்றும் கடினதன்மையான மார்பகம்

கவனிக்க வேண்டிய முறை

- நல்லநிலையில் வைத்து தாய்ப்பாலை கொடுக்க வேண்டும்.
- இறுக்கமான ஆடைகளை அணிவதை தவிர்க்க வேண்டும்.
- குழந்தையின் தேவையை அறிந்து தொடர்ந்து தாய்ப்பாலை கொடுக்க வேண்டும்.
- மிதமான சூடான நீரில் ஒத்தடம் கொடுத்தல்.
- பெருவிரல் வைத்து அக்கிள் முதல் மார்பு காம்பு பகுதி வரை மசாஜ் செய்ய வேண்டும்.

6) மடி வீக்க நோய் மற்றும் மார்பில் சலம் கட்டுதல்

<u>மடிவீக்க நோய்</u>

தொடர்ந்து மார்புகட்டு இருந்தாலே அல்லது பால் சுரக்கும் குழாயில் அடைப்பு இருந்தாலே தொற்று கிருமி ஏற்படுகிறது. இது பொதுவாக தாய்ப்பால் கொடுக்கும் ஆரம்ப கால கட்டங்களில் ஏற்படும்.

காரணங்கள்

- குறைந்த அளவு பால் வெளிவருதல்
- பிளவுபட்ட மார்புகாம்பு

- சுகாதாரமின்மை
- மார்பக வீக்கம்

கவனிக்க வேண்டிய முறை

- ஒழுங்கான முறையில் தாய்ப்பால் கொடுப்பதன் மூலமும் தாய்ப்பாலை பீச்சி எடுப்பதன் மூலம் பால் கட்டுதலை தடுக்க முடியும்.
- தொடர்ந்து தாய்ப்பால் கொடுப்பதன் மூலம் குழந்தைக்கு தொற்று நோய் கிருமிகள் வராமல் தடுக்க முடியும்.
- மிதமான சூடான நீரில் ஒத்தடம் கொடுப்பதன் மூலம் மார்பக வீக்கத்தை குறைக்கலாம்.
- ஐஸ் கட்டி வைத்து மிதமான ஒத்தடம் தொடர்ந்து கொடுப்பதன் மூலமும் குறைக்கலாம்.
- அதிக அளவு தண்ணீர் குடிக்க வேண்டும்.
- நல்ல முறையில் ஓய்வு எடுக்க வேண்டும்
  ஏதேனும் அறிகுறிகள் இருந்தால் மருத்துவரை அணுக வேண்டும்.

மார்பில் சலம் கட்டுதல்

மார்பில் தொற்று கிருமிகளால் ஏற்படும் நோய் சரிசெய்யாவிட்டால் மார்பில் சலம் அல்லது சீழ் வடிதல் ஏற்படும். இது ஐந்து முதல் பத்து சதவீதம் பெண்கள் தொற்று கிருமியினால்ஏற்படும் மார்பக நோயால் பாதிக்கப்படுகின்றன. மார்பில் சலம் கட்டுதல் மார்பக தோல் அல்லது மார்பகத்தின் உள்பகுதியிலும் ஏற்படலாம்.

கவனிக்க வேண்டிய முறை

- ✓ தாய்ப்பாலை முறையாக ஊட்டுவது பாதுகாப்பானது.
- ✓ தொற்று கிருமியினால் எந்த மார்பகம் பாதிக்கப்பட்டுள்ளதோ அந்த மார்பகத்திலுள்ள பாலை வெளியேற்றி விட்டு பாதிக்கப்படாத மார்பகத்திலிருந்து குழந்தைக்கு தாய்ப்பாலூட்ட வேண்டும்.

✓ மார்பக சலத்தை ஊசியை பயன்படுத்தி பாதுகாப்பான முறையில் வெளியேற்ற வேண்டும்.

கவனிக்க வேண்டிய முறை

- மார்பகத்தை தூய்மையாக வைத்து இருத்தல் மற்றும் மார்பகத்தை சுத்தப்படுத்த தூய்மையான துண்டை பயன்படுத்துதல்
- தொடர்ந்து தாய்ப்பாலூட்ட வேண்டும்
- தாய் மற்றும் குழந்தைக்கு அடிக்கடி மருத்து பரிசோதனை மேற்கொள்ள வேண்டும்.
- முறையான நோய் கிருமி கொல்லி மருந்துகளை மருத்துவ ஆலோசனையின் படி பயன்படுத்த வேண்டும்.
- நோய் கிருமி கொல்லி கீரிம்களை ஒவ்வொரு முறையும் தாய்ப்பாலூட்டிய பிறகு தடவ வேண்டும் மற்றும் அம்மருந்தை அடித்த முறை தாய்ப்பாலூட்டும் வரை அகற்றாமல் வைத்திருக்க வேண்டும்.

7) மார்பக காம்பில் வெண்புண்

மார்பக காம்பில் வெண் புண் என்பது தொற்று கிருமியினால் மாரபக காம்பு மற்றும் ஆரியோலாவின் மூலம் தாய்ப் பாலூட்டும் போது ஏற்படுபுண்வெண்புண்அழைக்கப்படுகிறது.

காரணங்கள்

- ○ இது ஒரு பூஞ்சை கேனிடா அல்பிகனஸ் என்னும் தொற்று கிருமியினால் இந்நோய் ஏற்படுகிறது.
- ○ தொற்று கிருமி குழந்தையின் மூலம் பரவுகிறது

அறிகுறிகள்

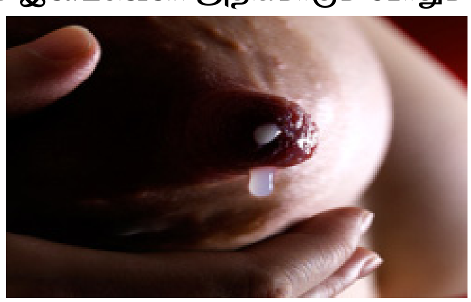
- ❖ தாய்ப்பாலூட்டிய பின்னர் மார்பக காம்பில் அரிப்பு மற்றும் எரிச்சல் ஏற்படுதல்
- ❖ அதிக அளவு மார்பு வலி காணப்படுதல்
- ❖ மார்பக காம்பு சிவந்து மற்றும் பழுத்து காணப்படுதல்

கவனிக்க வேண்டிய முறை

- ○ மார்பகத்தை தூய்மையாக வைத்து இருத்தல் மற்றும் மார்பகத்தை சுத்தப்படுத்த தூய்மையான துண்டை பயன்படுத்துதல்
- ○ தொடர்ந்து தாய்ப்பாலூட்ட வேண்டும்
- ○ தாய் மற்றும் குழந்தைக்கு அடிக்கடி மருத்து பரிசோதனை மேற்கொள்ள வேண்டும்.
- ○ முறையான நோய் கிருமி கொல்லி மருந்துகளை மருத்துவ ஆலோசனையின் படிபயன்படுத்த வேண்டும்.
- ○ நோய் கிருமி கொல்லி கீரிம்களை ஒவ்வொரு முறையும் தாய்ப்பாலூட்டிய பிறகு தடவ வேண்டும் மற்றும் அம்மருந்தை அடித்த முறை தாய்ப்பாலூட்டும் வரை அகற்றாமல் வைத்திருக்க வேண்டும்.

8) பால் வடிதல்

பால் வடிதல் என்பது ஆக்ஸிடோசின் என்னும் ஹார்மோன் அதிக அளவு சுரப்பதால் ஏற்படுகிறது. பால் வடிதல் பொதுவாக தாய்ப்பாலூட்டும் நேரங்களிலும், பாலூட்டும் இடைவெளி அதிகமாகும் போதும் ஏற்படுகிறது.



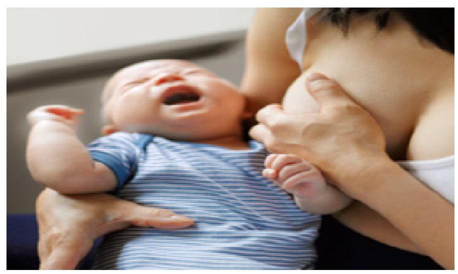
கவனிக்க வேண்டிய முறை

- ❖ பால் வடிதலை, கட்டுப்படுத்துவது கடினமான வழி எனினும் கீழ்கண்ட வழிமுறைகளில் இதனை குறைக்கலாம். அவையாவன,
- ❖ சவைத்தலை அதிகப்படுத்துவதின் மூலம் பால் வடிதலை குறைக்கலாம்.

- ❖ தாய்ப்பாலை பிழிந்து எடுப்பதன் மூலம் தாய்ப்பால் வடிதலைக் குறைக்கலாம்.


9) போதுமான அளவு பாலின்மை

போதுமான அளவு பால் இல்லை என்பது தாயின் குறையாகும். இக்காரணமே புட்டிப்பால் கொடுப்பதற்கு வழி வகுக்கிறது.



காரணங்கள்

- ➢ நம்பிக்கையின்மை
- ➢ தாய்ப்பால் அடிக்கடி கொடுக்காதிருத்தல்
- ➢ குறைந்த நேரத்தில் அதிவேகமாக தாய்ப்பால் கொடுத்தல்
- ➢ அதி சீக்கிரமாக தாய்ப்பாலூட்டுதலை நிறுத்துதல்.


அறிகுறிகள்

- ❖ தாய்ப்பால் அருந்திய பிறகும் குழந்தைக்கு திருப்தி இல்லாமை இருத்தல்
- ❖ அதிகமான அழுகை
- ❖ அடிக்கடி தாய்ப்பால் அருந்த விரும்புதல்

- ❖ நீண்ட நேரம் தாய்ப்பால் குடித்தாலும் குழந்தையின் எடையில் மாற்றம் ஏற்படாதிருத்தல்
- ❖ ஈரமான டயாப்பர் மாற்றுதல் மிகவும் குறைவாக ஒரு நாளுக்கு ஆறு முதல் எட்டு வரை மட்டுமே டயாப்பரை மாற்றுதல்
- ❖ மலக்குடலில் அசைவு இல்லாதிருத்தல்
- ❖ கடினமான உயர்ந்த மற்றும் மிகவும் குறைந்த அளவில் மலம் வெளியேறுதல்.

தாய்ப்பால் அதிக அளவில் சுரப்பதற்கான வழிகள்

- ✓ அடிக்கடி தாய்ப்பாலூட்டுதலை அதிகப்படுத்துதல்
- ✓ இரண்டு மார்பகங்களிலும் சமமான அளவில் தாய்ப்பாலூட்டுதல்
- ✓ மார்பகத்தில் உள்ள பாலை முழுவதுமாக குழந்தை சுவைக்கும் வரை வைத்திருக்க வேண்டும்.
- ✓ நல்ல முறையில் ஓய்வு எடுத்தல்
- ✓ அதிக சத்துநிறைந்த புரதவகைகள், பழவகைகள் மற்றும் பச்சை காய்கறிகள் மற்றும் கீரை வகைகளை உட்கொள்ள வேண்டும்.

முடிவுரை

மேலே கூறிய அறிவுரைகளானது குழந்தைப் பிறப்புக்கு பின் வரும் நாட்களில் ஏற்படும் பிரச்சனைகளிலிருந்து தாய் தன்னையும், தன் குழந்தையையும் பாதுகாத்து அரவணைத்து தாய்ப்பாலூட்டுதலுக்கான வழிமுறைகளை கற்றறிந்து அறிந்து கொண்டனர். மேலும் தாய் மற்றும் குழந்தையின் உடல்நிலையை பராமரிக்கவும் உதவுகிறது.

APPENDICES. IV

PERMISSION LETTER FOR CONDUCTION OF STUDY

To

The Medical Directior,

Booma Hospital,

Tallakulam,

Madurai.

Through the Principal,

Respected Madam/Sir,

Sub : Permission to do Research – Project- M.Sc. Nursing – Reg.

I, Miss.S.Sherlin, II year M.Sc(N) student of Midwifery & Obstetrics speciality at RASS Academy College of Nursing, wish to do the project on the topic of **"Effectiveness of structure teaching programmeon knowledge regarding identification of breast feeding related problems and its management amongpostnatal mothers",** for my dissertation to be submitted to Dr. M.G.R. Medical University in partial fulfillment of the requirement of Degree of Master of Science in Nursing. So I request you to grant permission to undertake the study for postnatal mothers in your esteemed institution on the month of November. So please accept this permission letter and kindly do the needful.

Thanking You

Yours faithfully,

(S.Sherlin)

Place: Poovanthi

Date :

PERMISSION LETTER FOR CONDUCTION OF STUDY

To

The Medical Director,

BoomaHospital ,

Tallakulam,

Madurai.

Through the Principal,

Respected Madam/Sir,

Sub : Permission to do Research – Project- M.Sc. Nursing – Reg.

I, Mis.S.Sherlin, II year M.Sc(N) student of Midwifery & Obstetrics specialty at RASS Academy College of Nursing, wish to do the project on the topic of **"Effectiveness of structure teaching programmeon knowledge regarding identification of feeding related problems and its management among primipostnatal mothers",** for my dissertation to be submitted to Dr. M.G.R. Medical University in partial fulfillment of the requirement of Degree of Master of Science in Nursing. So I request you to grant permission to undertake the study for postnatal mothers in your esteemed institution on the month of November. So please accept this permission letter and kindly do the needful.

Thanking You

Permitted

Yours faithfully,

Sherlin

Place:Poovanthi,

Date:05/11/2013.

Dr. T. RAJAGOPAL, M.D.,D.C.H.,
PEDIATRICS PHYSICIAN
Reg. No: 14717
20, Gokhale Road
MADURAI - 625 002
BOOMA NURSING HOME
20, GOKHALE ROAD
MADURAI-625002

PERMISSION LETTER FOR CONDUCTION OF STUDY

To

The Medical Director,

Infant Jesus Hospital ,

104-107-a,SouthVeli Street,

Madurai.

Through the Principal,

Respected Madam/Sir,

Sub : Permission to do Research – Project- M.Sc. Nursing – Reg.

I, Mis.S.Sherlin, II year M.Sc(N) student of Midwifery & Obstetrics specialty at RASS Academy College of Nursing, wish to do the project on the topic of **"Effectiveness of structure teaching programmeon knowledge regarding identification of feeding related problems and its management among primipostnatal mothers",** for my dissertation to be submitted to Dr. M.G.R. Medical University in partial fulfillment of the requirement of Degree of Master of Science in Nursing. So I request you to grant permission to undertake the study for postnatal mothers in your esteemed institution on the month of November. So please accept this permission letter and kindly do the needful.

Thanking You

Yours faithfully,

Sherlin

Place: Poovanthi,

Date: 25/10/2013.

INFANT JESUS HOSPITAL
104-107, South Veli Street
(Thavittu Chanthai)
MADURAI-625 001

Dr. (Mrs.) INDRA RAJA
M.B.B.S.,D.G.O.,F.A.M.S.,
Obstetrician & Gynaocologist
Reg. No. 13599

Letter Requesting opinions and suggestions of expert for establishing content validity of Research tool

From,

S.Sherlin,

M.Sc(Nursing) II year,

RASS Academy College of Nursing,

Poovanthi.

Through the Principal

To,

Respected Madam / Sir,

Subject: Requesting for expert opinion and suggestion to establish content validity of the research tool.

I , S.Sherlin , II year M.Sc(N) student of Obstetrics & Gynecology specialty at RASS Academy College of Nursing, have selected the following topic for my dissertation to be submitted to Dr. M G R. Medical University in partial fulfillment of the requirement of Degree of Master of Science in Nursing.

Topic: Effectiveness of structured teaching programme on knowledge regarding identification of breastfeeding related problems and its management among post mothers in selected hospital at Madurai.

Herewith I have enclosed the following,

1. Objectives of the study, operational definitions, Hypothesis
2. Research methodology
3. Blueprint of the tool

May I request you to kindly go through the contents of the tool and validate against the criteria given. Anticipating a favorable response at the earliest.

Thanking

Yours sincerely,

Place :Poovanthi (S.Sherlin)

Date :

APPENDICES.V

CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool for **"Effectiveness of structured teaching programme on knowledge regarding identification of breast feeding related problems and its and management among postnatal mothers in selected hospital at Madurai."** Prepared by Miss.S.SHERLIN final year M.Sc. Nursing student(Obstetrical and Gynecological Nursing) ,RASS ACADEMY COLLEGE OF NURSING ,POOVANTHI, is found to be valid and highly relevant.

Place:

Date: Signature

CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool for **"Effectiveness of structured teaching programme on knowledge regarding identification of breast feeding related problems and its and management among postnatal mothers in selected hospital at Madurai."** Prepared by Miss.S.SHERLIN final yearM.Sc. Nursing student(Obstetrical and Gynecological Nursing) ,RASS ACADEMY COLLEGE OF NURSING ,POOVANTHI, is found to be valid and highly relevant.

Place:

Date:

Signature

Dr. (Mrs.) INDRA RAJA
M.B.B.S.,D.G.O.,F.A.M.S.,
Obstetrician & Gynaocologist
Reg. No. 13599

INFANT JESUS HOSPITAL
104-107, South Veli Street
(Thavittu Chanthai)
MADURAI-625 001

CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool for **"Effectiveness of structured teaching programme on knowledge regarding identification of breast feeding related problems and its and management among postnatal mothers in selected hospital at Madurai."** Prepared by Miss.S.SHERLIN final year M.Sc. Nursing student (Obstetrical and Gynecological Nursing), RASS ACADEMY COLLEGE OF NURSING, POOVANTHI, is found to be valid and highly relevant.

Place: Manamadurai

Date: 5.10.13

Viji

Signature

VIJIPRIYA, S.K.

Associate Professor

Matha college of Nsg.

Manamadurai.

CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool for **"Effectiveness of structured teaching programme on knowledge regarding identification of breast feeding related problems and its and management among postnatal mothers in selected hospital at Madurai."** Prepared by Miss.S.SHERLIN final yearM.Sc. Nursing student(Obstetrical and Gynecological Nursing) ,RASS ACADEMY COLLEGE OF NURSING ,POOVANTHI, is found to be valid and highly relevant.

Place: Dharmapuri.

Date: 4.10.2013

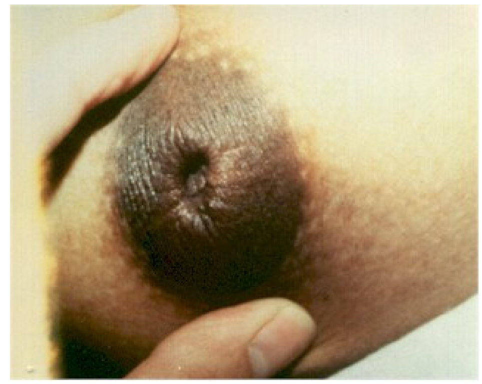
Signature P. Sankari

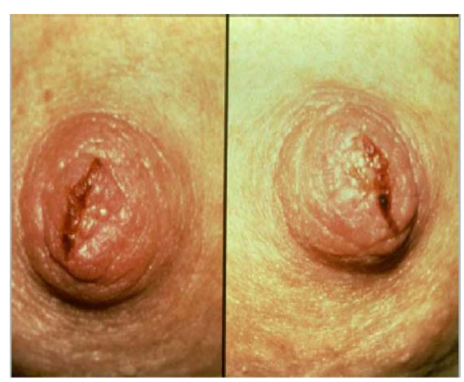
(Vice. Principal.

Padmavathi College

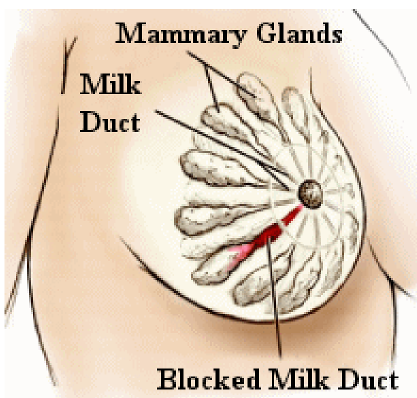
of Nursing)

APPENDICES.VI






Relieve
BREAST
Engorgement


Mammary Glands
Milk Duct
Blocked Milk Duct


Mastitis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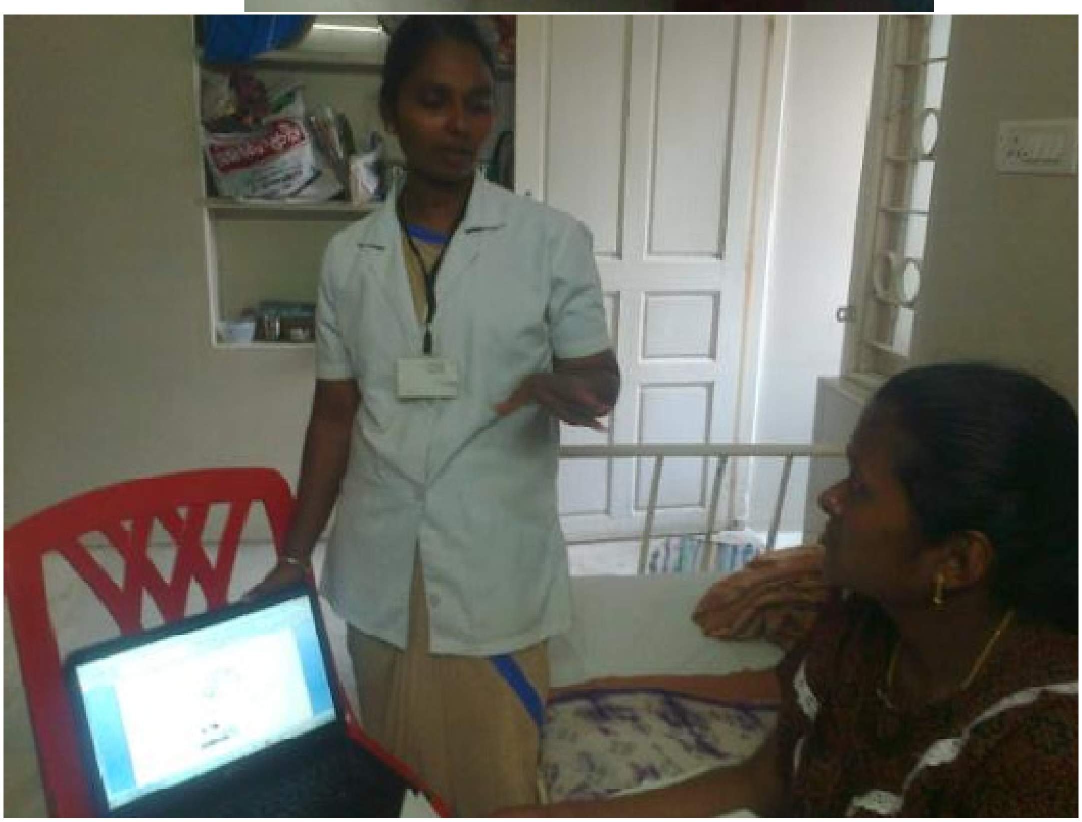
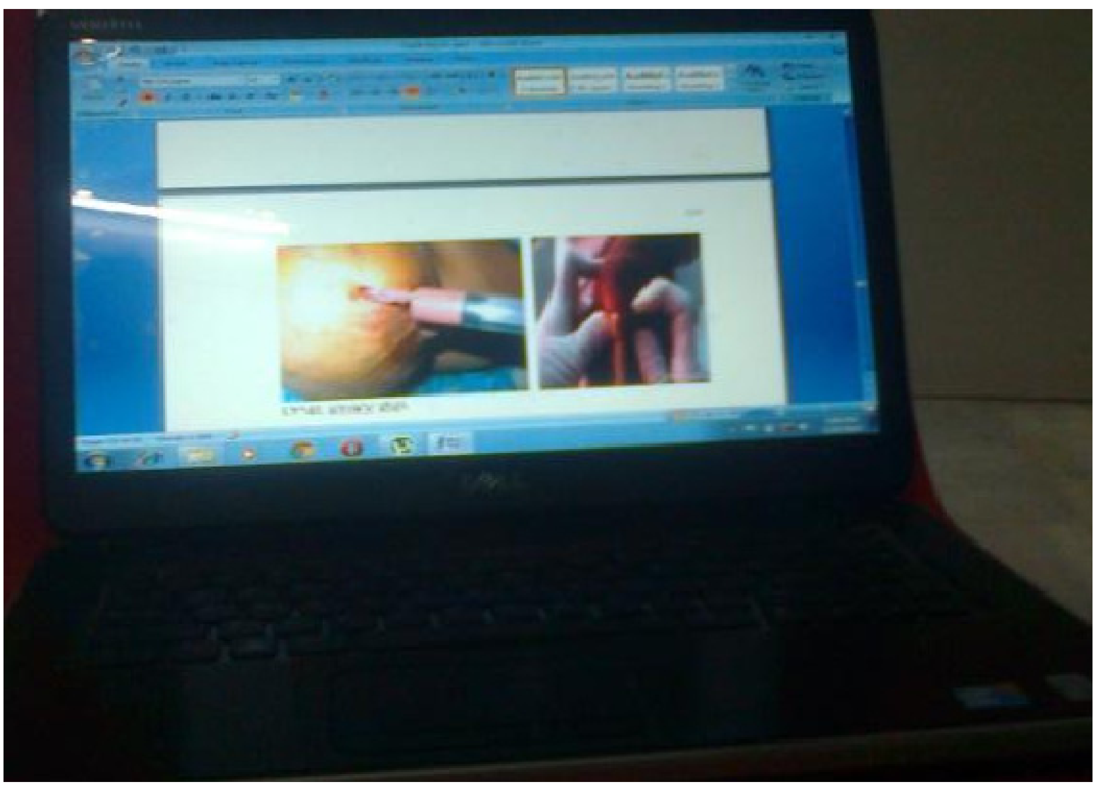
APPENDICES.VII





APPENDICES.VIII

LIST OF EXPERTS

1. **Prof.G.Thilagavathi, M.Sc(N), MBA,Ph.D,**
   Principal,
   HODCommunity Health Nursing,
   RASS Academy college of Nursing,
   Poovanthi
   Sivagangai-630 611.

2. **Asso.Prof.Mrs.UmmulHapipa, M.Sc(N).,**
   Vice-Principal,
   HOD of Medical and Surgical Nursing,
   RASS Academy college of Nursing,
   Poovanthi
   Sivagangai-630 611.

3. **Asso.Prof.Miss.J.AmalaNambikkai, M.Sc(N),**
   HOD of Obstetrics & Gynecological Nursing,
   RASS Academy College of Nursing,
   Poovanthi,
   Sivagangai-630 611.

4. **Asso.Prof.Mrs.R.Sutha, M.Sc(N).,**
   Department of Obstetrics and Gynecological,
   RASS Academy College of Nursing,
   Poovanthi,
   Sivagangai-630 611.

5. **Asso.Prof. Mrs.R.N.K.Vasugi, M.Sc(N), MBA.,**
   HOD of Medical-Surgical Nursing,
   RASS Academy College of Nursing,
   Poovanthi,
   Sivagangai-630-611.

6.Asso.Prof.Mrs.RuthRani, M.Sc(N).,
HOD of Mental health Nursing,
RASS Academy College of Nursing,
Poovanthi,
Sivagangai-623611.

7.Asso.Prof.Mrs.UmaMaheshwari, M.Sc(N).,
Department of Community Health Nursing,
RASS Academy College of Nursing,
Poovanthi,
Sivagangai-630 611.

8.Asso.Prof.Miss.PremaSathyamoorthy, M.Sc(N), MBA.,
HOD of Child Health Nursing,
RASS Academy College of Nursing,
Poovanthi,
Sivagangai-630 611.

9.Asso.Prof.Mrs.Sangeetha, M.Sc(N).,
Department of Mental health Nursing,
RASS Academy College of Nursing,
Poovanthi,
Sivagangai-630 611.

10. Mrs.Saranya, M.Sc(N).,
Department of Obstetrics and Gynecological Nursing,
RASS Academy College of Nursing,
Poovanthi,
Sivagangai - 630 611.

11. Prof.Mrs.P.Shanthi, M.Sc(N).,
C.S.I.Jeyaraj Annapackiam College of Nursing,
Pasumalai,
Madurai

12 .Asso.Prof.Mrs.S.K.Vijipriya, M.Sc(N).,
Matha College of Nursing,
Manamadurai,
Sivagangai.